

# THE CHICAGO MEDICAL JOURNAL AND EXAMINER.

---

VOL. LIII.

DECEMBER, 1886.

No. 6.

---

## ORIGINAL COMMUNICATIONS.

---

REPORT OF A CASE OF ACTINOMYCOSIS. *By* A. J. OCHSNER,  
M.D.

[Read before the Chicago Medical Society on November 1st.]

Until the autumn of 1877, this patient, aged 56 years, was in perfect health, following his occupation of stock-raising and dealing in livestock. At this time he was engaged in shipping stock to the east. During a very fatiguing journey and much exposure to draughts of cold air, the patient experienced severe pain in the left antrum of Highmore, which he supposed to be neuralgia caused by defective teeth. He consequently had removed from his upper jaw seven teeth which proved to be sound, and he secured no relief. All the other teeth of his upper jaw had previously been removed at different times, having been more or less decayed.

For about six months the patient suffered excruciating pain in the left antrum and in both eyes, continuing each day from sunrise until sunset.

Early in 1878 there was a spontaneous opening of the abscess into the pharynx, the sinus closing and re-opening

repeatedly, each time evacuating a considerable amount of pus and some blood, and giving the patient marked relief.

A portion of the discharge usually entered the larynx at night, giving rise to severe cough.

During the month of May, 1880, the patient underwent a surgical operation, consisting in making an opening through the mouth into the antrum above the first molar, curetting and irrigating the cavity. The irrigation was continued by the patient two or three times daily for two years. During all of this time he suffered severely from pain and weakness.

In the spring of 1882, the patient went to the northern part of Mexico and spent the summer on the plains and among the mountains between this point and Colorado, returning in the autumn to Indiana, with the antrum closed and his general health much improved.

Later during the same autumn he returned to Mexico and remained there in comparatively good health for twenty months. At this time, however, he began to suffer from a sensation of suffocation, which still continues.

In July, 1885, the patient began to cough, the cough subsiding somewhat under treatment, but increasing to an alarming extent in July, 1886, and continuing to the time of admission into the Presbyterian Hospital of this city, October 13th, 1886.

During the months of September, 1885 and 1886, he expectorated blood, but he thinks it came from the posterior nares.

Since the beginning of October, 1886, he has again expectorated mucus and pus, streaked with blood, which undoubtedly comes from the lungs or the bronchi.

He has lost thirty-seven pounds in weight during the past

two years. His position is stooping, the chest is full in front and there is a decrease of motion on the left side, with dullness, roughened respiratory sounds and numerous mucous râles. Below the upper border of the fifth rib and throughout the right side the sounds are normal.

The above history led me to suspect actinomycosis of the left lung, having primarily existed in the antrum. On making a microscopic examination of the sputum, the characteristic fungus was at once found, confirming the diagnosis, of course, beyond a doubt.

The following facts may be of practical interest in connection with this case.

He has been engaged in raising, buying and selling, and handling large numbers of cattle for more than forty years. Among these animals there were many suffering from the disease known as lumpy-jaw, and it was the practice of the patient to cure the animals thus affected, by freely opening the abscess by crucial incision, extirpating as much as possible of the lump and introducing about one drachm of powdered arsenic into the cavity. Repeating this once or twice, usually effected a permanent cure.

300 South Wood street.

THE RELATION OF STATE MEDICINE TO THE PROFESSION  
OF ARCHITECTURE. BY OSCAR C. DE WOLF, A.M.,  
M.D., *Commissioner of Health, Chicago.*

[Read before the Third Annual Convention of the Western Association of Architects,  
Chicago, November 19th, 1886.]

In thinking over the various definitions of state medicine, a line from an almost forgotten dramatist suggests itself to my mind: Parkes, whose *Practical Hygiene* is a classic; De Chaumont, his posthumous editor and worthy successor; Dunglison, of the *Medical Dictionary*; Mapother, Day, Southwood Smith, Chadwick, John Simon, Sir Lyon Playfair, Bowditch, Billings, Rauch and others have all tried their hands at describing and explaining a subject which still remains

Like wit, much talked of, not to be defined.\*

In some respects the latest definition, that of the secretary of our State Board of Health, is the best, as it is certainly the most comprehensive.† Dr. Rauch succinctly defines *state medicine* as the connection of the state with both curative and preventive medicine for the promotion, regulation and control of measures affecting the public health. But for the object of these remarks I shall confine the term to its old signification as illustrated by Dr. Parkes, namely: The legal regulation of the conduct of individuals towards each other in strictly sanitary matters. "For example," he says, "pure air is a necessity for health; but an individual may have little control over the air which surrounds him, and which he must draw into his lungs. He may be power-

---

\* Thomas Outway, author of "Venice Preserved," etc.

† Address in state medicine, before the American Medical Association, St. Louis, May 6th, 1886.

less to prevent other persons from contaminating his air, and thereby striking at the very foundation of his health and happiness."

What, then, shall it avail a man, though he have the wealth of Cræsus and employ the lineal descendant of Vitruvius Pollio himself to design his stately mansion, if the conditions beyond his own control necessary to ensure a prompt removal of his household-wastes, the protection of his water-supply from pollution, and the freedom of the air he breathes from contamination, be disregarded by that organization formed "to promote the general welfare," and which we call the state? Though there be observed in the building itself all the canons of all the authorities on ventilation and heating—from Dr. Arnott, who set himself the simple problem of securing "at will the temperature most congenial to the human constitution, and air as pure as blows upon the hilltop," down to the latest patentee of the newest "Automatic Zephyr Ventilator and Breath of Spring Pulsifier"; though the highest skill of the sanitary engineer and the most consummate art of the sanitary plumber be lavished upon its appointments, a man's house may, nevertheless, be anything but his castle against the foes to his health, if these be fostered and recruited by municipal neglect and state indifference.

Without the aid of State Medicine the architect will build the house in vain. He may successfully cope with the vicissitudes of a climate such as we have here in Chicago, where the mercury ranges from 22° below to 95° F. above zero—a variation of 117 degrees; where for months together less than an inch of rain may fall in 30 days, and then anon a tropical down-pour of five or six inches in 24 hours. He

may even forecast the meteorological future and plan for a 25 per centum increase in the annual rainfall, such as is shown by the record to have taken place in this city within the past fifteen years. He may provide for possible seismic phenomena; construct fire-proof walls and incombustible interiors; arrange for light in quantity and direction sufficient to satisfy a German oculist, air-space and ventilation adequate to the demands of Angus Smith, plumbing scant and simple enough to meet the approval of that anonymous architect who recently announced in the *New York Evening Post* that the best plumbed house is that which contains the least plumbing. He may do all this only to find his best efforts set at naught by conditions which legalized authority alone can satisfactorily adjust or remedy.

It is this authority, directed to removing causes which injure the health of the people, that constitutes State Medicine, and it consists in that body of legislation—whether municipal ordinance, act of General Assembly or federal statute—which is intended to promote the sanitary welfare of the community. It embraces not only provisions for the prevention, exclusion or limitation of disease—by quarantine, isolation, disinfection, etc.—for enforcing vaccination, prohibiting food-adulteration, punishing the creation and maintenance of nuisances, protecting water-supplies, etc., etc., but, also, a rapidly increasing volume of legislation concerning the construction of buildings with reference to their security from fire, to their lighting, ventilation, drainage and occupancy.

“After medicine,” says Mapother,\* “the professions most

\* Lectures on Public Health, delivered at the Royal College of Surgeons in Ireland, 1864-67.

concerned in the preservation of the public health rank those of the architect and engineer." And the genial and scholarly Irish professor of hygiene did not hesitate to acknowledge his indebtedness to "those most useful professions" when speaking of ventilation, water-supply, baths, public parks, hospitals, lodging-houses, and the dwellings of the poor. It is the fashion just now to decry at least one of these professions, and we are told in a chapter on the construction of habitations in a recent text-book of hygiene, that "Architects and builders have not kept pace with the sanitarian in the study of the conditions necessary to be observed in building a dwelling which shall answer the requirements of sanitary science."

Still more recently a well-known sanitary engineer quotes the president of the Glasgow Institute of Architects as saying: "To most architects, and especially to young architects, the construction of a building is probably, and the sanitary arrangements, shall I say certainly, the least attractive branch of their professional work; and yet it is the branch of their work which most directly affects the health and comfort of our clients." The author of "*The Sanitary Drainage of Houses and Towns*" ventures to think that the president of the American Institute of Architects would not differ very much from his Scotch colleague in his opinion that architects attach too little importance to their responsibilities in connection with the drainage of houses which they plan and for every detail of which they ought to have a feeling of personal accountability. And he adds for himself, based on his own experience in connection with plumbing work in houses designed and built by many of the very first architects of the country, "that the architects who know,

who think or who care very much about the practical details of house-drainage are very rare; and that they are more rare among the leaders of the profession than among those who, having less artistic merit, are driven to achieve reputation in practical matters." There are architects and architects, and this sanitary engineer has evidently had to do mainly with other than members of the Western Association, among whom I happen to know many who combine both artistic merit and that sincerity which Emerson commended in him who "builded better than he knew."

It may be true that some architects are open to the strictures of these writers; but I apprehend that the true explanation of any seeming disregard of what sanitarians consider the essentials of domestic architecture lies with the *clients* of the architect in their want of definite knowledge of these essentials and of their paramount importance—rather than with the architect himself. In his work on the "Principles of Ventilation and Heating and their Practical Application," Dr. Billings touches one root of the trouble when he says: "Every one who has occasion to examine the subject discovers that it is difficult to secure good ventilation throughout a building, but very few know what the principal difficulty is. Many persons seem to suppose that it depends upon some properties of gases as yet unknown, or upon some mysteries connected with the fact that heat is a mode of motion of the molecules of matter which can only be expressed in complicated mathematical formulæ. The essential difficulty, however, which architects and engineers will find most prominent is that of cost. If the question of expense be entirely set aside, ventilation becomes a comparatively simple matter." So, too, I presume, the architect who has as tractable a client as Mr. Howells portrays in

the "Rise and Fall of Silas Lapham," and who receives *carte blanche* as to sanitary details in general, finds no insuperable difficulty in satisfying the "requirements of sanitary science."

But even when this is withheld, it is clearly incumbent upon the architect, from his earliest interview with his client—whose sanitary ignorance may, as a rule, be safely assumed—to keep him advised of the importance of these requirements. It is the architect's duty, as Billings says, to see that "after the various additions to the plan, which will be made at the suggestion of the owner's wife, and several of his friends, on whose taste he relies, have increased the cost above what he had intended, he does not, in the spasm of economy and retrenchment which will attack him, make the reduction in the ventilation," or drainage, or other sanitary necessity, rather than on some of the ornamental work outside. What your duty is, however, I do not need to tell you; still less do I assume to instruct you in those engineering and technical details which are of the essence of your professional attainments. When the public comes to know the value of the conditions of health in the home, and is willing to pay the cost of them, the architect will not be found wanting.

"But how can he expect that others should

Build for him \* \* \*

\* who for himself will take no heed at all!"

A more profitable and appropriate line of comment by a Commissioner of Public Health, accorded the privilege of addressing the members of a profession so intimately concerned with "the life o' the building," is afforded by a consideration of some of the architectural causes of disease and the rôle which state medicine may play in securing their remedy.

During the last census year the causes of a total of over 750,000 deaths were reported in detail. Of this number the group of general diseases to which diphtheria, typhoid or enteric fever, cholera infantum, etc., belong, furnished more than 200,000, and the group to which consumption belongs furnished 136,000 more. Fully one-half of the total mortality of the country is properly credited to the preventable diseases. Not all of these, it is true, are wholly preventable by any attainable perfection in the construction of habitations. Given the introduction of the particulate germs of scarlet fever, for example, into a family housed in accordance with the most approved hygienic requirements, and the disease will be as certainly developed as these germs find access into a susceptible organism. Pure air, unpolluted water, spotless cleanliness, in themselves, afford no protection against these specific communicable diseases. There is this, however, to be said concerning the whole class of eruptive fevers—small-pox, measles, scarlet fever, etc.—as well as diphtheria, whooping-cough, and other diseases whose propagation and dissemination depend upon a particular contagium, to-wit: That the subsequent safety of the dwelling into which such a disease has once obtained access, is very largely a question of its architectural construction. The solid particles of these contagia, dried up into a mere dust, absorbed by porous bodies, attached to adhesive surfaces—retain their poisonous properties for varying periods, some of them for a practically unlimited time. Before the discovery of Jenner had thrown its ægis of protection over the world, almost every dwelling was a perennial center of small-pox infection; and it is not yet definitely known how long this poison, or that of scarlet fever, diphtheria, erysipelas, hospital gangrene, etc., may remain potent in the plaster of a wall or ceiling, or in the woodwork of a

room. Thanks, however, to modern sanitary science, this class of diseases is steadily losing its deadly preponderance, and out of the total of deaths each year, it now furnishes less than 10 per centum. With better housing, purer water, fresher air and more wholesome food, comes a greater resisting power to all forms of disease; and sanitary architecture goes hand-in-hand with the other branches of sanitary science in restricting the sway of preventable disease.

And yet that there still remains much to be done is shown among other facts, by the statistics of mortality from consumption and pulmonary diseases. More than 100,000 persons will have died in this country during the present year from pulmonary consumption alone—more than one-eighth of the total mortality from all causes combined. With the stock illustrations concerning the evils of impure air—the Black Hole of Calcutta, the Grotto del Cane, the bird and the bell glass, etc., we are all tolerably familiar; but, at the risk of taxing your patience, I will briefly refer to what has long seemed to me the most striking and conclusive experiment of this kind ever made. A body of men, rigidly selected by strict physical examination, at the best period of life; engaged in open-air duty of a moderate character; comfortably clothed, well fed, housed at considerable expense; and promptly cared for, even in slight illnesses, by the highest medical skill—in short, the British soldier in barracks, at home, in time of peace—was found to be dying off at the rate of 17.5 per thousand, per annum, at the same time that the mortality of both town and country populations combined was only 9.2 per thousand at the same ages, and of the country population at those ages alone, was only 7.7 per thousand.

When the cause of this great disparity came to be investigated, it was discovered that the diseases known as pulmo-

nary were the fatal maladies, which specially affected the soldier and laid him low. It was discovered that while in civil life the deaths by pulmonary or chest diseases at the soldiers' ages were 6.3 per thousand, they amounted in the cavalry to 7.3, in the infantry of the line to 10.2, in the guards to 13.8. Of the entire number of deaths from all causes in the army, diseases of the lungs constituted the following proportion: In the cavalry 53.9 per centum, in the infantry of the line 57,277, and in the guards 67,683 per centum. Pushing their inquiries one step farther still, the reporters came at last to the kernel of their task. Why should these selected soldiers suffer so especially from diseases of the chest? Was there anything in their occupation, in their clothing, in their diet, that would account for the phenomenon and indicate the pre-disposing causes of their excessive mortality from pulmonary disease? On these points the reporters were able by the process of exclusion to remove many suspected causes. They were able to exclude night duty, want of exercise, unsuitable employment, and intemperate and debauched habits. These influences the inquirers did not, of course, ignore, but by comparison they found them insufficient to account for the disparity which was seen to exist between the soldiers and the other classes of the community.

I quote the rest of the story from the graphic pen of Benjamin Ward Richardson, whose "*Field of Preventive Medicine*" is at once the most charming and the most instructive volume in sanitary literature: "At last they came upon one cause which they could not exclude, and which, in accordance with the Newtonian saying, was both true and sufficient cause to account for the phenomenon. That one cause, or rather that one series of causes, was overcrowding, insufficient ventilation, and nuisances arising from latrines and defective sewer-

age in barracks. A single agent, *vitiating air*, acted with such intensity, especially when superadded to a certain degree of exposure, as not only to produce in the foot-guards an amount of chest-disease and especially of pulmonary consumption, greater than was produced in civil life by all the other causes united, but actually to carry off annually a number of men nearly equaling in the infantry, and actually exceeding in the guards, the number of civilians of the same age who died from all classes of disease." Dr. Richardson justly characterizes the record of these observations as the best and most forcible, because most extended and accurate, that has ever been supplied respecting the influence of confined air in the living and sleeping-apartments of men who are accustomed even to an active life and to the enjoyment of much out-door exercise. If it had been desired to carry out a great physiological experiment in order to determine how diseases of the lungs might be artificially induced in men who had been healthy up to the time of the experiment, no method could have been devised that would have led to a series of results more striking or more convincing. Neither could the experiment have been more satisfactorily concluded than was done by following the recommendations of the commissioners. They recommended that an entirely new system should be introduced into barrack life; that air, fresh and pure, should at all times circulate through the buildings, and especially through the dormitories, and that every soldier should have efficient and sufficient breathing space. Since these regulations have been in force the subjects of this experiment no longer occupy the unenviable position of being first in the ranks of those who fall victims to pulmonary consumption and other affections of the respiratory organs, but are rather the models of a lower mortality; so that as the jails, once the foci of fever, are at this time the most

free of that disease, the barracks, once the foci of consumption, are now the most free of that destroying malady. In the jail in its very worst condition of foul air, the disease *typhus* was the scourge; in the barracks with foul air, but less foul, *consumption* was the scourge. With pure air substituted in both places, both diseases have been enchanted away. Well may Richardson say that lessons such as these should never be cast aside while yet in many of our best houses—best in relation to their appearance and cost, not in respect to their construction—the errors that were common in the barrack are still present, and rooms are used as sleeping-rooms which stand in the eyes of the sanitarian like so many experimental boxes for the synthetical development of pulmonary disease. "The room is too small; the room is devoid of a fireplace; the room is devoid of a ventilator; the room has a window that will open with difficulty and at best but a little way; and yet that room is used as a sleeping-room for one or it may be two persons. These are the rooms in which they who are disposed to pulmonary affection find their early fates; these rooms are the vestibules to the grave."

To this picture, as a fitting contrast, may be added the following seven points suggested as the "charter of health" which a house should have, in its construction and its architecture, to fit it for human habitation:

It must present no facilities for holding dust or the poisonous particles of disease; if it retain one it is likely to retain the other.

It must possess every facility for the removal of its impurities as fast as they are produced.

It must be free from damp.

It must be well filled with daylight from all points that can be charged with light from the sun without glare.

It must be supplied with perfectly pure air in steadily changing current.

It must be maintained at an even temperature.

It must have an abundant supply of pure water.

Such houses are by no means impossible ideals. They have already been realized in many of our suburban towns, and, by the agency of State Medicine, they may be made possible even in cities. As many of you are aware, the forthcoming session of the general assembly of this state will be urged to pass a law framed under the auspices of the Illinois State Association of Architects, to provide for the regulation and inspection of the sanitary construction and alterations or modifications of buildings in cities and villages, and to secure proper ventilation and sewerage-systems for habitable buildings, etc.

This act is intended to supplement existing legislation upon the subject, and under which in this city alone a great saving of life is annually effected.

Section 686 of the city ordinances declares that, "It shall be the duty of the commissioner-of health to enforce *all* the laws of the state and ordinances of the city in relation to the sanitary regulations of the city, and cause all nuisances to be abated with all reasonable promptness," etc.

This ordinance is very general in its character, but there are many others which apply directly to specified unsanitary conditions in all classes of buildings, and under this legislation the sanitary work of the city is divided into—

*First.* The sanitary work performed in occupied places of habitation and which includes all buildings wherein any person may dwell or lodge.

*Second.* The control of the sanitary conditions and safety

as relates to egress, protecting machinery and storage of dangerous materials in places of employment or service.

*Third.* The exclusive control under the state laws of all the sanitary arrangements or conditions, such as the heating, lighting, ventilating, plumbing and drainage to be provided in every building within the city, during its construction and which is to be used as a place of habitation.

Section 1347, of the city ordinances, declares, "That no person shall hereafter erect, or cause to be erected, or converted to a new purpose by alteration, any building or structure which, or any part of which, shall be inadequate or defective in respect to ventilation, light, sewerage, or any of the usual, proper or necessary provisions or precautions for the preservation of health."

The state laws invest the commissioner-of-health with authority to control all the sanitary arrangements to be provided in any habitable building within the city.

The enforcement of these laws by the inspectors has been the means of accomplishing more valuable sanitary work than by all other ordinances combined, in that by their enforcement, all improvements made are of a *permanent character*, and place the building, except in cases of accident, in a permanently good sanitary condition, thereby benefiting all occupants uniformly throughout the city.

The construction of dark, damp, unventilated living-rooms has been wholly prohibited for the past two years. All water-closet rooms are provided with sufficient external light and ventilation, and are never permitted to be in any way directly connected with any habitable room. In fact, all sanitary conditions in the construction of buildings in this city are now enforced which are in anywise conducive to the health of the occupants.

What *state medicine* may do to regulate the conduct of individuals toward each other in strictly sanitary matters, and so to promote the end of hygiene, which aims at rendering growth more nearly perfect, decay less rapid, life more vigorous, death more remote, is well illustrated in our neighboring town of Pullman, where a corporation stands in the relation of the state to the community in this regard. I have already treated of this town from a *state medicine* standpoint, and I will only now cite its death-rate as the sufficient criterion of the success which may attend the plenary control of the sanitary conditions of human life.

The town has now been in existence six years, and its population is about 9,000—a period sufficiently long and numbers great enough to eliminate any exceptional conditions which might obtain. The death-rate of the town of Hyde Park, of which Pullman is legally and territorially a part, in which the same natural conditions exist, and which is occupied by substantially the same kind of population as that of Pullman, averages 15 per thousand annually, according to the last report of the State Board of Health. In Pullman the deaths have ranged from 6.9 to 7.6 in every thousand of population, or less than one-half the deaths in the territory immediately surrounding the town.

The average for American cities is over three times this number, and the average annual death-rate of the world is 32 out of every thousand of population. The average death-rate in the City of Mexico is 56 per thousand, or eight times the rate in Pullman. The healthful conditions here are unequaled by those in any city of the world. The lowness of the death-rate is remarkable. With one-quarter of the number of the physicians that ordinarily administer to a popula-

tion of this size, Pullman has only a little more than one-quarter of the deaths usual in the same number of people.

Gentlemen of the Western Association of Architects, your profession is one of the highest exponents of the material attributes which differentiate man from the beasts which perish. Man alone makes for himself an artificial climate, outwits the elements, and makes all nature tributary in his habitation to the convenience, strength and beauty which your ancient authority Vitruvius says are the three requisites in every structure, and without which no building can merit our esteem and approbation.

If, as Sallust says, "Every man is the architect of his own fortunes," you, gentlemen, are more than the architects of your own. To your professional intelligence, sincerity and skill, every man must trust for that without which fortune is but a dead sea fruit—a healthy life.

---

A REPORT OF FIVE CASES OF STRICTURE OF THE RECTUM,  
WITH REMARKS ON THE TREATMENT OF ITS MORE  
SEVERE FORMS. By A. E. HOADLEY, M.D., *Professor*  
*of Anatomy, Chicago College of Physicians and Surgeons,*  
*Professor of Surgery, Chicago Policlinic.*

[Read before the Chicago Medical Society, November 1st.]

For the purpose of demonstrating that one plan is better than another, in the surgical treatment of any disease, it is necessary, in a measure at least, to show the results of both methods.

With this object in view, I have selected the following five cases, some of which in themselves illustrate more than one plan of treatment. Such cases must necessarily show

some errors of judgment, or they could not serve the double purpose of illustrating good and bad treatment. Furthermore, a badly treated case honestly reported often teaches a better lesson than the report of one that has been skillfully managed.

CASE I.—Mr. J. H. German, engineer, forty years of age, gave a history of hæmorrhoids of eight years' standing, and stricture of two years. Examination revealed a hard carcinoma of the rectum within one and a half inches of the anus, and immovable on account of adhesions to the sacrum. All of the adjacent parts were infiltrated, and the bowel completely occluded. The general condition of the patient was very bad. He was emaciated, bed-ridden, and suffered almost constant pain. His abdomen was much swollen and very tender, the bowels not having moved for a period of two weeks. All food was immediately vomited. He only took small quantities of wine and water. Pulse was 120 and feeble. His temperature, 102° F. At the first examination I succeeded with the finger in changing somewhat the relation of the cancerous mass that protruded into the rectum from the front, and which was also adherent to the posterior wall. The adhesions being very carefully separated, the tumor could be brought down to a slight extent, which enabled me to pass the nozzle of a syringe beyond the stricture. This was done without any laceration of the tissues of the tumor, a thing always to be guarded against in the examination of malignant stricture of the rectum. With the nozzle of the syringe in position I injected a half pint of soap-water which immediately escaped and brought with it a little fecal matter and considerable gas. The injection was ordered to be repeated through the afternoon and

evening as often as the patient could endure it. On the following day I was informed that five injections had been given, with the effect of bringing away considerable fecal matter and gas, resulting in great relief to the patient. He could then take beef-tea and retain it. His pulse was 100. His temperature 100°. F. As an attempt at opening the rectum was so painful, he was allowed to go three days without further treatment, when it again became necessary to do something for him. Ether was administered and, by careful use of the finger, sharp curette, and knife, an opening large enough to admit a finger was formed. This operation was followed by great relief generally, but there remained severe tenesmus and pain with and after each act of defecation. Two other like operations were performed, which resulted in the formation of a fair canal through the cancerous mass, but without relief from pain. The patient had from the first refused to have anything like a surgical operation performed. What he had already endured, in the way of operations, was regarded by him as a means of stretching his stricture. But the patient was getting discouraged, and had decided to die without further treatment, when, with great difficulty, I induced him to submit to one more stretching operation. At this time I divided the lower end of the growth and the sphincter ani with one stroke of the knife. There was but little hæmorrhage, which ceased entirely within five minutes. With the exception of the occurrence of a small and very painful ischio-rectal abscess, which developed after this last operation, he suffered no more pain in the ano-rectal region. There was more or less pain in the lower part of the abdomen and back, necessitating the use of morphine once or twice a day. The relief

obtained by *the division* of the sphincter was ten-fold greater than that from all the other operations together. A persistent diarrhœa, from extension of the disease, hastened his death, which occurred two months later. Although there was rectal incontinence, he would have sufficient warning to prepare himself for the coming passage. What I most regret in the treatment of this case is, that I did not, at the first operation, divide the sphincter and the cancer above it, so that there would have been perfect freedom for the discharges, and rest for the sphincter. Had I done this my patient would probably have had one month more of comparative freedom from pain, and would not have suffered the pains of an ischio-rectal abscess.

CASE II. Mr. G. English, a laborer, 42 years old, gave a history of hæmorrhoids and stricture of five years' standing, and a very unsatisfactory history of syphilis. Examination revealed, within two inches of the anus, a firm, unyielding stricture, which barely admitted the tip of my index finger. The most distressing conditions were diarrhœa and tenesmus. With some stretching and nicking, I was soon able to pass my finger beyond the first joint through the stricture. As syphilis could not be excluded, I put him on large and increasing doses of iodide of potassium, and commenced systematic dilatation, passing a bougie twice a week for four weeks, at which time I could, without difficulty, pass a number 10 rectal bougie one inch in diameter. There was no particular irritation at the seat of the stricture. He could, after that, defecate without difficulty. Further dilatation was stopped, and the iodide of potassium continued in forty-grain doses three times a day. Two months made no change in the quality or quantity of the stricture-tissue. The

passage was still so large that there was no obstruction, but the bowels were very irritable, the pain and diarrhoea gradually getting worse, and the patient evidently losing flesh. He begged to have something done for his relief, and readily consented to have the stricture and sphincters divided, which was thoroughly done, and the wound packed with gauze on which a little dry persulphate of iron had been sprinkled. Great relief followed the operation, and the diarrhoea immediately subsided. There was no pain, his appetite returned, and he slept well, until the fourth day, when he suddenly imagined that he felt very bad because he had had no movement of his bowels in the meantime. A small dose of licorice powder at night relieved his bowels, and also his mind. The following two months he was annoyed by incontinence of gas and liquid fæces, but he stated that the annoyance of incontinence was nothing compared to the distress caused by the stricture before its division. An examination two months after operation showed that the incision at the stricture and in the bowel below, including half of the internal sphincter, was perfectly healed. The wound of the external spincter and integument was nearly closed, with good prospect of its being entirely healed within another month. At the site of the stricture there is nothing to indicate that it ever existed. The bowel, on a superficial examination, appears soft and pliant, and as capacious as normal, but with care one can discover that it is slightly thicker at this point than above or below. The thickened condition extends up and down for about one inch and a half. It is soft, and feels like a slight swelling of the mucous membrane. His general condition is improving every day, and he feels much better than at any time during the past year.

CASE III.—Mrs. K., American, aged thirty-nine years, mother of three children, gave a history of stricture of rectum of nine years' standing. She had been treated by several physicians in various ways, with but little benefit. I first saw the case on July 1st, 1886. She was a pitiable object; emaciated to a remarkable degree; walked with great difficulty; had from fifteen to twenty movements of the bowels every day, and every passage was attended with burning, tenesmic pain. On examination I found an almost impervious stricture within one inch of the anus. Vaginal examination showed that there was much mischief above the stricture. I informed her that an immediate operation was necessary to save her life. Still one week went by before she was admitted to the Presbyterian Hospital, in such a deplorable condition that I dreaded to operate lest she die on the table.

I first divided the stricture so that I could introduce my finger, when somewhat to my surprise I found that the rectum contained a carcinomatous growth almost occluding the canal, higher than I could reach with my fingers. It was necessary to divide the tissues posteriorly to admit my fingers, for fear of lacerating the tumor through into the peritoneum. After working my finger as far up the rectum as possible, I divided the sphincters and tissues back to the coccyx, when I was able to reach still higher, but could not reach the top of the mass, which was quite firmly adherent in all directions. I next made a deep incision through it posteriorly nearly to the sacrum, from a point as high up as I could reach with my finger down to the incisions already made through the external tissues. I then quickly placed a piece of gauze in the wound with pressure upon it, to try to prevent bleeding. Although the hæmorrhage was not very free, it was necessary to save every drop of blood possible, as my patient was *in ex-*

*tremis.* With some difficulty I succeeded in getting a large-sized drainage-tube above the stricture, for the purpose of relieving the bowels of gas and liquid feces. I then finished packing the rectum, leaving the tube in, and, after securing all with a T bandage, put the patient to bed. For four days she lingered at death's door, and then quickly rallied and was removed from the hospital in a week from the time of the operation. In two weeks she was walking about. Her general condition was improving rapidly; the diarrhœa had stopped, and her appetite was good. At the end of five weeks she left the city on a visit, where, at last accounts, she still was. Three months after the operation, she was feeling very comfortable and had gained six pounds in weight, and said in a letter to her mother, "if Dr. H. could see me now he would not think that I had a cancer." I heard from her one week ago, when she was still comfortable, and able to walk out every day.

The following case will illustrate some of the dangers attending the practice of forcibly dilating malignant strictures.

CASE IV.—A German lady, fifty-six years old, mother of several children, had always enjoyed good health until the last three years, when she became aware of the presence of a stricture of the rectum. She had done little for it until it had so nearly closed the bowel that she could endure the distress no longer, when she applied for treatment. Examination disclosed a close, firm, annular stricture, within one inch of the anus. The stricture with the sphincters were divided, and on introducing the finger, the bowel was found blocked up with other strictures, undoubtedly malignant, and of irregular formation, as far as the finger could reach. These were dilated with the fingers, the tissues being quite friable and yielding readily under pressure. The canal was opened as far as I

could reach, without lacerating the rectum itself. Violent inflammation supervened, involving the pelvic cellular tissue, extending up into the abdomen, and for five days it endangered the life of the patient. She made a very slow and tedious recovery, stating that she believed she was made worse by the operation. She went away, and I have heard nothing from her since. As to this case, it is my conviction, that had I incised those strictures, instead of stretching them, my patient would have been spared the dangerous ordeal of an inflammation and would have derived benefit and comfort from the operation.

CASE V.—An American lady, sixty-seven years old, well preserved and remarkably healthy until five years ago, when she became aware that she was afflicted with stricture of the rectum. She could give no history of any cause for it. She had had four children ; her labours had been normal and easy, and from every one of which she made a rapid and perfect recovery. Two years ago she had an ischio-rectal abscess, which resulted in the formation of a fistula, but which did not prove troublesome until some four or five months prior to my first visit, when she again suffered from another abscess and then from a general suppurating inflammation of the whole ano-rectal region. At this time Dr. G. E. Brinkerhoff was called to attend her, and recognizing the necessity of operative treatment he called me in consultation. Under the influence of an anæsthetic, an examination was made, which revealed two or three open sinuses and as many fluctuating abscesses in the ischio-rectal region, with a very firm annular stricture of the rectum within one and a half inches of the anus ; also, a carcinoma of the os uteri and upper part of the

vagina. The vaginal walls were agglutinated below, but were easily separated, making the diagnosis easy and certain. It would have been better for the patient if the cancer had not been discovered. She was weak, emaciated and cachectic, which seemed as much due to the cancer as to the bowel trouble, and there appeared to be little that could be done for her. I therefore opened the abscesses and sinuses freely, packing them with iodoform-gauze, and divided the stricture without dividing the sphincter, contenting myself with dilating it. The operation was for the relief of pain, as it was believed that the patient had but a short time to live. The relief following the operation was great. The inflammation subsided, her bowels moved easily, and her general condition improved. The cancerous cachexia disappeared and she began to believe that she would get well, when another abscess made its appearance, causing great suffering and prostration. The attending physician wished to open this for her, but she refused and suffered it to break, which it did within the bowel, giving some relief; but as the abscess cavity continued to refill she was not fully relieved until some two weeks later, when the skin covering the sinus gave way, making a complete fistula, with relief of all pain. This condition did not last very long, for the stricture again became troublesome, and in making an examination, which I did with the consent of Dr. Brinkerhoff, I found that the stricture was as closely contracted as at the time of the operation, three and one-half months before. The cancer is about the same and gives her no trouble. Her general condition is comparatively good, and there is no evidence of immediate dissolution. With the present condition of the stricture, however, it is probable that she will

soon be prostrated again. With these facts before her she declines another operation. In this case, again, I have to regret that I did not divide the sphincter with the stricture down to the cellular tissue beneath. By doing this I could have opened the fistulous tract throughout, and the stricture could not have again united, so soon at least, and the patient's last days would have been more comfortable. As it is, she may continue to suffer to the end of her life.

From a study of the foregoing cases we may deduce the following principles, which are in accord with the teachings of the best surgeons of the day.

*First.*—It is dangerous to practice divulsion of malignant stricture of the rectum.

*Second.*—Division of a severe stricture of the rectum without dividing the sphincters is of little practical value.

*Third.*—Division of malignant strictures, with the sphincter, gives great relief and tends to prolong life.

*Fourth.*—Division of severe non-malignant stricture, with the sphincters, gives great relief and tends to perfect cure.

*Fifth.*—Division of strictures, whether malignant or not, and of the sphincters, is attended with little danger to life.

All severe strictures should be treated by complete division, the cut including all the tissues below and back, as far as the tip of the coccyx. This operation affords, in cases of malignant stricture, the greatest possible measure of relief, and in non-malignant stricture the best means of permanent cure at our command.

683 Washington Boulevard.

A REPORT OF A CASE OF HYSTERIC TRANCE. *By* C. F. DARNALL, M.D.

Mrs. H. A. H., aged 31, came under the writer's care in September, 1884. She had been married fifteen years, and had given birth to nine children, the youngest being at that time sixteen months old. The patient was a farmer's wife, a household drudge, small and poorly developed, of a phthisical family, nervous temperament, and of ordinary mental capacity. For years she had been afflicted with cough and expectoration and a gradual failure of physical forces. A sudden and severe cold caused a pleurisy, which was the occasion for calling medical assistance. After an illness of a few days and a complication of ailments she convalesced, but an irritable stomach and aggravating cough remained. In the fourth week she was able to be out of bed a short time during each day, when the climax came in the shape of a quarrel with her husband. She had menstruated a few days before, and at this time was seized with an acute pain in the left ovarian region. A few hours after, when conversing about her marital troubles, she suddenly went into a trance. The first thing noticed was a vacant stare and a catching of the breath, a throwing out of the arms at right angles to the body, her legs extended and head thrown back, and then she became unconscious. Her limbs were stiff and resisted all attempts to unbend; the face was pallid, eyelids tightly closed and closing again if forced open; eyes turned upward and moving when touched; pupils slightly dilated and slowly responding to the light. The respiration was shallow and irregular, seven to nine per minute; pulse, 78 to 90, soft and weak; flatness on percussion, sibilant and subcrepitant *râles*. Superficial temperature was decreased, generally 98° in the axilla; sometimes normal, and

rarely 99° or 100°, which was the case when the attack was brought on by any high nervous excitement. Liquid food was slowly swallowed, often being retained for quite a while before causing sufficient irritation to relax the pharyngeal muscles. These variations embrace the symptoms of many attacks she had subsequently. For the first week or so they would come on at eight or half past in the morning and at six in the afternoon, and lasting from one to three hours. The aura would be pain in the stomach, shifting to the left ovary, a slight chill, then the trance. After the initial rigidity passed away, in half an hour or so, she would still be stiff, but the limbs could be moved, the other conditions being the same as at the beginning. Muscular relaxation would all at once take place and she would waken with a start. She seemed then to not understand what had happened; would be restless and change her position in bed; would not speak, but motion for her limbs to be rubbed, for a drink of water, or some such thing. Then she would fall into a natural, deep sleep, lasting from a few moments to a half hour, from which she would awaken with a clear mind, complaining of a general feeling of soreness and fatigue. In the sixth week family matters reached a crisis, her husband leaving her, but returning occasionally to talk over the division of the property. At this time her attacks lost all periodicity, coming oftener and at any time, with less force and of shorter length. If she happened to be sitting in a chair when overcome, she would retain the erect position. For a time there was each day a series of them, each one shorter and weaker than the one preceding, with a period of sleep intervening, appearing as if her nervous force had assumed a tangible form, wave succeeding wave until lost in quietude again.

Her friends then unadvisedly called in a minister to look

after her spiritual necessities, and at the next trance, a little while after, a surprising change took place. Coming in between the stage of lethargic rigidity and the sleep was an apparently lucid interval, during which she would sit up in bed. The eyes were opened wide, filled with a far-away supernatural look, and her expression of countenance was that of one engaged in delightful, dreamy contemplation. It seemed as if another spirit had taken momentary possession of her body, revealing entirely different views and impulses from those which she exhibited when surrounded by ordinary every-day environments. Before, her life had not been governed by religious motives, but now the whole bent of her mind was directed in elevated and exalted channels. Without the statuesque appearance of ecstasy, or the waxen mobility of catalepsy, she assumed a devotional attitude, lasting only a moment. At the visit of the minister a hymn book was left on the bed, and after she emerged from the trance state she made search for it and opened it, when through with the supposed prayer. She turned over leaf by leaf until she found an old familiar hymn known to her in bygone days. The words were unaccompanied by notes, yet she correctly carried the tune through and would sing one or two more. This was done several times a day and for about a week. Her voice was clear and sweet, vibrating in the most touching way. If the key was pitched too high or too low, she would begin again until she was right. If she mispronounced a word or sounded a wrong note, the word or note would be correctly repeated. If any one were to purposely place the book upside down or turn over too many leaves, she would right the book and proceed to the finish without being disconcerted. All this time she appeared

awake, her eyes wide open, pupils dilated, deeply intent upon what she was doing and taking no note whatever of her friends or surroundings. This would last a short time, when she would close the book and sleep, awakening perfectly rational; the wandering spirit had departed its host, her own had returned, and she was herself again. No knowledge existed of what had transpired from the moment she entered the trance nor any memory of visions. All was blank and the time consumed was as nothing. Sometimes the book would be hidden or another substituted before she searched for it. If she could not find it she would look at her hands a few moments in a dazed, bewildered manner, shed a few hysterical tears and go to sleep.

Thus ran the case over three months of time, gradually submitting to treatments, as her domestic troubles were amicably adjusted. Nothing was done to shorten or avert the attacks, yet it looked as if Charcot's method of ovarian compression always relieved her, as she would return to rationality whenever it was employed. As to physical condition, there was enlargement of the left ovary and thickening of the left broad ligament; uterus in normal position, enlarged somewhat, with endometritis and granular erosions. Hysteria disappeared when these local troubles were cured, but owing to the complexities of the case and the many discouraging features arising, recovery was necessarily delayed. Menstruation occurred every two or three weeks; and while she was in bed nearly all the time, yet hardly a day passed that she did not take a *secret smoke*, knowing it was forbidden.

Many remedies were tried, but the bromides, tonics and good food were successful. The monthly flow became

normal, and for two years now there have been only once hysteric symptoms, and then it was *globus hystericus* in the throat and dyspnœa, controlled by the bromides.

Sufficient space has already been taken without entering into speculation as to the pathology of the case, and our textbooks will abundantly supply that.

West Union, Iowa.

---

#### THE USE OF ICHTHYOL IN THE TREATMENT OF SKIN DISEASES.

By JOSEPH ZEISLER, M.D.

[Read before the Chicago Medical Society, November 15th, 1886.]

Only a few years ago ichthyol was introduced into dermatological practice by that industrious worker Unna, in Hamburg, to whom we owe so many other practical contributions. The question of its merits was discussed by a number of writers, some praising it enthusiastically, others attributing very little value to it. As to my own experience, the results obtained by me in using this drug for nearly one and a half years were so favorable that I deem it my duty to give an account of the same, and in so doing contribute toward a better knowledge of that valuable remedy. It is not the object of this paper to enter into a discussion of the chemical properties of ichthyol, or, as it is properly called, sulpho-ichthyolate of ammonia. Nor shall I dwell at length on its physiological action upon the normal and diseased skin; this was done in a very extensive manner in Unna's last paper on the subject\*, an abstract of which appeared in the *Journal of Cutaneous and Venereal Diseases* of September last. To anyone who is specially interested in the subject, a careful perusal of the

---

\* Ichthyol and Resorcin. Leipzig and Hamburg, 1886.

original will be of the greatest advantage. My own attention was first attracted to ichthyol by a short communication in the *Deutsche Mediz. Wochenschrift*, 1885, wherein Lorenz speaks in the highest terms of its wonderful action in articular rheumatism, when used externally over the inflamed joints. Only short reference was made there to its power of arresting inflammation and relieving local pains. Since then I used it in over 100 cases of skin diseases, and without claiming for it any specific effect, I may say that I owe some of my best results to it, and that I very seldom was disappointed by the same.

In looking over my record, I find that ichthyol was prescribed in the following cases: Eczema, 56; acne vulgaris, 10; acne rosacea, 7; sycosis, 11; herpes tonsurans, 4; telangiectasis, 4; prurigo, 2; pruritus, 2; psoriasis vulg., 2; psoriasis palmaris specifica, 2 cases; seborrhoea, acne varioliformis, lichen pilaris, impetigo contagiosa, purpura rheumatica and ulcera cruris, each 1 case. In some of these it was only used as an adjuvant. In all of them I applied it externally, in the form of salve, the strength varying from 3 to 30 per centum. It mixes very well with all of the ointment-bases; as such, were used mostly vaseline, cold-cream, zinc salve and lanolin, to which were sometimes added other drugs, as adjuvants, like salicylic acid, præcip. album, resorcin, naphthol, sapo viridis and others, according to the requirements of the case. The rather strong and peculiar smell of ichthyol, although not very offensive, can easily be overcome when used in the form of ointments. A slight brownish discoloration following its use will usually soon disappear. No other inconvenience was noticed from its external application, except in a few instances where a slight burning sensation was complained of, especially when used on the face. Several

times I observed that soon after the application of an ichthyol compound the skin would be covered with a watery fluid on the anointed parts, like little dew-drops. Lorenz, who seems to have made the same observation, interprets it as hyperidrosis. Unna very often prescribes ichthyol in watery solution and in the form of a paste. I have so far made no use of these forms, but I think that where only superficial action is desired it may be preferable to ointments for technical reasons. For many cases, particularly acne sycosis and acne rosacea, I found ichthyol soap very convenient. In this form it may be used either like any other toilet soap, or the foam of it may be allowed to remain on the skin for a short while, or even for many hours, according to the effect desired. The physiological effect of ichthyol, when used externally, can be inferred from its chief quality—that is, to draw oxygen from the tissues. Unna therefore calls it a reducing agent, and places it in the same class with resorcin, pyrogallol and chrysarobin. Its regenerative power on one hand, when used in a mild form; its resolving action on the other hand, when used in full strength; its contracting influence upon blood-vessels, can easily be explained from that one principal quality.

Upon the suggestion of Unna, I have in the last five months prescribed ichthyol also for internal use in some twenty-five cases of chronic skin diseases, with apparently very satisfactory result. At this place I cannot resist the temptation to offer a few remarks in regard to the internal treatment of cutaneous diseases, as this question has recently been much discussed. As is well known, the Vienna school very seldom resorts to it, while American physicians, from their somewhat different ætiological standpoint, mostly depend upon the internal administration of certain drugs, claimed to remove so-called impurities of the blood. Without discussing

this fundamental question here as thoroughly as it would deserve, I may say that I believe in a reasonable internal treatment adapted to the merits of each case, inasmuch as sometimes disorders of internal organs seem to have a causal relation to that of the skin. But the daily routine practice of administering arsenic indiscriminately, even without a proper diagnosis, cannot be too strongly repudiated. In a recent article \* G. H. Fox made very timely remarks upon this subject, denouncing in strong terms the injudicious use of arsenic. I heartily concur in his views, and would only add that the same have been fully endorsed by many authorities in this country. While arsenic may have even specific effects in lichen ruber and psoriasis, and may be very useful in some other chronic cases of skin diseases, it is, on the other hand, very often without any effect, but perhaps still oftener aggravates the condition which it was intended to allay. I foresee a far wider field for ichthyol. A number of observations on the excellent results obtained by its use in cases of chronic dyspepsia and rheumatism are already published, and I can add some more made in my own practice. It is therefore obvious that wherever the last mentioned affections appear as complications or causes of cutaneous diseases, the latter will indirectly be beneficially influenced by the internal use of ichthyol. It is as yet rather difficult to determine in what way ichthyol taken internally is capable of affecting the skin itself. Clinical observations, however, make it highly probable that it has a contracting effect upon enlarged blood-vessels of the same, as can be seen in cases of vaso-motor neuroses, e. g. acne rosacea; in such cases

---

\* N. Y. Medical Monthly, No. 1.

especially it is recommended by Unna. Private practice affords very little opportunity to make experiments with new methods or new drugs; I am therefore at a loss to state how much of the result obtained in each case was due to the internal medication, as always topical treatment was mostly relied upon. But in several instances I could clearly trace the disappearance of a chronic catarrh of the stomach or a rheumatic affection to ichthyol. Unna also reports good results in cases of asthma and of general mal-nutrition. Unlike arsenic, ichthyol will never be found to molest even a very delicate stomach, though given in doses up to 1.00 (15 gr.) a day; in fact, my patients never would feel any bad effect whatever from its use. I usually prescribe it in form of capsules, each containing 0.10 (1½ gr.), three to ten of which are taken daily after meals. For children, or patients who object to pills, a liquid form will be more convenient. The dose for infants will of course be comparatively smaller.

The fifty-six cases of *eczema*, in which I used ichthyol comprise nearly all forms and stages of that protean disease. Unlike tar, it can be very well applied even to weeping surfaces, which will sometimes get dry in one or two days; small vesicles and pustules will disappear much more promptly than by any other treatment. Its reducing power will best be seen in those hard, infiltrated patches that resist so obstinately the usual methods; they will sometimes get paler and softer within a few days. Itching, which in such cases is almost unbearable, will often be promptly relieved by it. Its regenerative power will, on the other hand, be noticed in cases of chronic *eczema* of the palms and fingers, where even deep fissures will heal up in short time under its application. In two cases of *intertrigo* on infants, where different methods had done no

good, a 5 per centum ichthyol salve had an almost magical effect after one day. I mention this especially, because Stelwagon, in a note on ichthyol,\* says that it is irritating in erythematous eczema. As this writer seems to have seen no positively beneficial effect in the twelve cases of eczema where he tried it, I would like to state here my experience, as follows: In the above mentioned fifty-six cases the effect was excellent in eleven, good in twenty-seven, fair in four, negative in one, and unknown in thirteen cases. The strength used was, on the head and face, from 5 to 10 per centum; on other parts of the body, usually from 10 to 30 per centum; in erythematous forms it should not exceed 5 per centum. Zinc ointment was mostly used as a base. An addition of 5 to 10 per centum salicylic acid often seemed to increase the efficacy in old, infiltrated places. I will not weary you with many illustrations; allow me to cite just two.

I. Mr. E. F. H., 49 years, merchant, had been suffering from chronic eczema for twelve years; it mostly affected the hands and the anus. Chronic dyspepsia; otherwise healthy. When I first saw him his disease was in a very aggravated condition, and presented the following appearance: June 13th, 1886. The entire right hand was considerably swollen, reddened and painful; covered all over with vesicles in all stages of development; some larger blebs filled with purulent contents; eczema vesiculosum of the left hand in minor degree; eczema erythematosum of the neck; eczema madidans on forehead, chin and scrotum. Zinc ointment with an addition of 10 per centum ichthyol was applied to all the affected parts, except the right hand, for which cold applications of thymol 1:1000 were used, by which the pain and swelling were diminished after two days;

---

\* Note on drugs. Journal of C. and V. Dis., November, 1886.

ichthyol salve was then likewise used here. The skin all over the body was so irritable that slight scratching would suffice to produce an erythematous or even a bullous eruption. But the use of the ichthyol salve would usually cause the latter to disappear in one or two days.

June 18th. No new blisters coming out on the right hand; pain, redness and swelling considerably decreased; the smaller vesicles mostly dried, whereas the larger ones became denuded. All other affected spots are nearly healed, except that a slight scaling has set in.

June 22d. All the open places on the right hand are covered with new epidermis, while the old skin peels off abundantly. Ichthyol internally, 0.30 *pro die*.

June 28th. Slight scaling on the formerly affected parts. Patient feels very comfortable. Ichthyol capsules, 0.60 daily.

August 23d. Patient has felt excellently during the last two months. His dyspepsia does not trouble him. He assures me that he never was so rapidly cured of any of the outbreaks of his disease.

October 13th. Patient has continued to take ichthyol internally up to now, and feels first rate. There is no sign of his former trouble.

II. Rev. M. N. Chronic eczema of the right lower leg for four years. Twenty-three physicians have been consulted during this time without favorable result.

Status praes. February 13, 1886. The lower part of the right leg very much reddened, somewhat swollen, painful and itchy; covered with small pustules. An examination of the hairs forming the center of these pustules showed them to be in a similar condition as is found in sycosis. The treatment consisted in epilation of most of the affected hairs

and application of the following salve: cold-cream, 40.00; ichthyol, 4.00; acid. salicyl., 2.00. No internal treatment.

February 19. The pustules have disappeared, the skin generally paler, no pain, little itching. Prescribed a 15 per centum ichthyol salve, similar to the first.

March 5, when the patient was seen for the fourth time, no abnormality could be noticed except a slight redness of the skin. The hairs extracted apparently sound.

I lately heard from the patient, who has been all right since.

*Sycosis*.—All of the above mentioned eleven cases were rather severe and inveterate, so that epilation could not be dispensed with. This method and the use of ichthyol soap and a 10 per centum ichthyol ointment had an excellent effect in four, a good one in seven cases after one to three weeks. The combination with tar-oil and overfatted green soap, recommended by Unna, seemed to me to have an irritating effect.

In *acne vulgaris* I did not notice any remarkable influence of ichthyol, until I used it internally, when it seemed to have a decidedly beneficial effect in three cases.

In *acne rosacea* it worked very satisfactorily in five, remarkably well in two cases. One of these two, the wife of a well-known physician of this city, had suffered from the disease for several years and presented, when I first saw her, the typical picture of the more severe form of *acne rosacea*. Besides a 10 per centum ichthyol-salve and sulphur-naphtol soap, mechanical treatment was made use of from time to time. After several weeks a decided improvement was noticeable. The lady has now been under my observation for nearly one year, and during this time has gradually

improved until now, when recovery seems almost perfect. No internal medication whatever had been used; only of late ichthyol pills were recommended to check a possible relapse.

A similar success was obtained in the other case of a gentleman—a prominent member of the legal profession—who for many years was suffering from that disease. He came under my observation in October, 1885, and was cured after six weeks. He had no relapse during the last year.

In three out of the four cases of *herpes tonsurans* a combination of equal parts of oil of cade, green soap, ichthyol and vaseline had a very decidedly positive effect. In one of them a cure was effected within one week, after many remedies had been tried in vain.

In four cases of small circumscribed *telangiectasis* in the face (so-called rosacea) it had no effect; I suppose because the salve used was too mild to exert a contracting effect upon the ectatic blood vessels.

In *prurigo* it was used combined with naphthol; the effect was very good in the above two cases.

In *psoriasis* ichthyol was only used intermediately, to alleviate the inflammation produced by chrysarobin. In one case, where arsenic could not be given, the ichthyol pills seemed to work very nicely.

In regard to the rest of the above mentioned cases, I would not like to draw any conclusions, because of the small number of observations. Only one case seems to me worth mentioning; that is one of *acne varioliformis*.

A gentleman of thirty-eight had suffered for two years from repeated outbreaks of that rather rare and troublesome affection, which had left numerous scars on the scalp and

forehead. In this case a 10 per centum ichthyol salve, with an addition of 5 per centum hydrarg. ammoniat., made the fresh pustules dry up within four days, and the remaining scars were very insignificant. From a continued use, the whole scalp, formerly very red, got paler, and even the old scars were much less visible.

It is a question of time and continued observations to clearly define the limits in which ichthyol will find its useful application. I hardly think that it will have to share the fate of so many other new drugs, which at first found their enthusiastic admirers, and, after considerable disappointment, sank into oblivion; but I believe, confidently, that it will gain a permanent place in dermatological therapeutics. I am only sorry that a man of Piffard's reputation unjustly places ichthyol in the same rank with cuticura and similar proprietary compounds, because, unfortunately, some enterprising firm in New York seems to have extensively advertised it.\* In this city, at least, quackery does not seem to have taken hold of the new remedy. As far as I am concerned, I would by no means, after my experience, like to miss ichthyol from my armamentarium.

125 State Street.

---

\* Note on drugs.—*Jour. of C. and V. Dis.* No. X., 86.

## PROPHYLAXIS IN RHINITIS SYMPATHETICA.\* By S. O. RICHEY, M.D.

In the evolution of medicine, gradual progress has been made to the present development of *preventive measures* in the management of disease, the practice of which, in its perfection, will be the science of the future. Prevention of disease, and the structural changes consequent, will, when we have the necessary knowledge, be more conservative, more simple, and more agreeable than our efforts to meet the disease in human bodies, disguised often by a complexity of symptoms, and to limit or prevent pathological metamorphoses.

Any rational being will prefer the proverbial preventive "ounce" rather than the "pound," later, and not upon the basis of quantity alone,—though even that might be deemed sufficient,—but upon that of the disagreeable environment and consequences of the disease.

There appear in medical journals from time to time elaborate discussions upon the most efficient means of relief of the *local* symptoms of hay-fever, or rhinitis sympathetica, by therapeutic measures or surgical procedures *after* structural changes have taken place in the nares; but very little is said in regard to prophylaxis, except the suggestion of change of climate—an offspring of the "pollen" dogma.

It is important that we get the idea of pollen out of our minds and accept the rational explanation, as will be done by all sooner or later, that *rhinitis sympathetica* is a reflex affection, or a peripheral expression of a more central disturbance, the impairment of the balance of circulation in the cervical plexus. Thus we have the influenza: the cause being slight,

---

\* McKenzie—Transactions of the Medical and Chirurgical Faculty of the State of Maryland, 1885.

and acting interruptedly, the effect is a number of slight influenzas. The same cause acting persistently and gravely for a greater or less time produces what is called "a severe cold."

What is the cause of so distressing an affection? If it were pollen would it not be found among herbivora, and as much so during the winter season as in the summer among those domestic animals which are stabled and fed upon cured grass, from which the pollen is more likely to escape, and in greater abundance, than when it is green?

*Insufficient protection of the body, and especially the spinal region, from decided and quickly repeated alternations of temperature is the initial cause.*

In 1880-81 my attention was fixed by finding myself a sufferer from this affection. At that time the tone of my nervous system was very low, but not for the first time. I was also alternating between the city and the country, my days being spent in the city and my nights in the country, and in this I saw no sufficient cause for the disease, for others did the same without suffering, and I recovered with both these alleged causes persisting. Writers on the subject claim both as *predisposing* influences, the first of which I accept, and the latter I repudiate. With the dread of its direful consequences I naturally watched its course closely, in my own case, and studied the symptoms of the approaching crises until they became familiar to me. I looked up my books again for a hope of relief, but found it always resolved itself into seeking another climate for the season, and this my work would not allow. I found, too, that a change to the same place did not relieve all persons so affected, and that sometimes the same person would not be relieved at the same place, twice: These facts induced me to doubt whether any one would be safe from the supposed cause of the affection

anywhere, until I met a young man who told me that he always found relief by spending the day in a boat on the lake, fishing, for there the *pollen* could not reach him. I then asked him if he wore the same clothes while fishing as at other times, and found that he replaced his *cotton-gauze undershirt* with a woolen shirt.

As I was then wearing the cotton-gauze undershirt, and remembering the slight creeping chills up my spine and at the nape of my neck prodromic of an attack, I put on a flannel undershirt, and with the exception of one or two attacks, immediately afterward, I have been well ever since.

The flannel being too warm for comfort in this climate during July, August and September, in looking through the furnishing establishments, I found an undershirt resembling in texture a fish-net, called in the shops "French netted goods," which I substituted with success and with perfect comfort. It does not, in its continuity, lie close to the body and rapidly absorb moisture, like the gauze; if it becomes damp, it does not dry out so rapidly, and thus by rapid and frequent evaporation, cause alternations of temperature and disturb the circulation of the spinal region with the reflex symptoms called rose-cold.

Those who change their abode in search of relief, go to a higher altitude or a more northern latitude, and while they do not thus escape "*pollen*," they find it comfortable and often necessary to wear more protective clothing next the skin, and in this fact, I believe, is to be found the cause of their relief. Any kind of material next the skin which will, like gauze, absorb sweat and dry out quickly, would produce the same consequences. One does not have this affection in the winter season, when well clad, unless from force of habit or an association of ideas in an impressionable individual. The affection

is less frequent among women, because they perspire less and less frequently.

In the usual course of things my opportunities for observation of this affection are very limited as compared with those of others, being confined to those in whom it has caused *tubal catarrh*, whose impaired hearing could not be properly improved without removing the cause—the immediate cause being the rhinitis, producing congestion of the lining membrane by extension to the tube; the mediate cause being a disturbance of the spinal circulation. Laborers, especially in the country, in the midst of *pollen*, are less liable to have this trouble, for, being accustomed to constant healthful exercise, they have a more stable circulation, which is not so easily thrown out of balance.

While eight or ten cases are too limited a number to establish a theory, yet when taken with the fact that no one of them has failed in getting relief by *counsel* in the item of dress, they make this subject worthy of consideration.

It is not my object to discuss the treatment of symptoms, or the surgical management of nasal structural changes resulting from the persistence of this affection.

Let me ask, only, if it is best to *suppress* these peripheral manifestations by the use of cocaine, or the thermo-cautery? May not the affection, in such event, indicate its presence in some other and more serious way: in *petit mal*, for instance?

Is it not more exact and more scientific to find and remove such basal cause?

Washington, D. C.

## EDITORIAL.

---

### PASTEURISM.

At a recent meeting of the Academy of Sciences, in Paris, M. Pasteur presented in a communication to that body his latest conclusions as to the methods and results of anti-rabic inoculations. During the year ending November 1st, 1886, only three persons died in the hospitals of Paris from hydrophobia. Of these two had not been treated by Pasteur's method, and the third had been subjected to a form of treatment since abandoned as insufficient. During the previous five years sixty persons had died in the hospitals, and during the year ending November 1st, 1885, thirty-one had died. In all, 2,190 persons were treated during the year. In France and Algeria, 1,700, of whom ten died. It is not certain that every one of these persons was bitten by a rabid animal, but as M. Pasteur very justly remarks, it is almost certain that the larger portion of individuals bitten were subjected to treatment, and yet there were known to have been seventeen deaths from hydrophobia in France and Algeria in addition to the ten of the 1,700 cases treated. Taken together, these facts seem to demonstrate the efficacy of the treatment. Grave doubts have been entertained as to the safety of inoculations such as Pasteur has practiced. It has been thought that the introduction into the human organism of an emulsion of the spinal cord of an animal, dead from such a disease, in the light of what we know of infection and septic processes, must be dangerous. In answer to such an objection Pasteur points to his more than 2,000 cases in a

single year, with not a single accident. The failures he attributes to the fact that the process has been too slow. When the wounds are upon the face, the most dangerous location, or are deep upon other parts of the body, he proceeds to repeat the inoculations, commencing with cords of twelve days, say at 1 P.M., of ten days at 4 P.M., and of eight days at 9 P.M. On the next day he operates with cords of six, of four and of two days at the same hours. The third day he inoculates with the cord of an animal dead only one day, that is with a practically fresh cord. This process is repeated, commencing with a cord of eight days, and coming down to the fresh cord again, and in this way, to use his own words, "there are made three treatments in ten days, carrying each one to the fresh cord." He believes some, at least, of his failures have been due to the fact that the inoculations have not been made with sufficient frequency, or, in other words, the fresh virus has not been reached early enough.

There seems to be no longer room for doubt as to the fact that this process does prevent the development of rabies in the human subject bitten by rabid animals. Animals inoculated with the rabic virus are also protected by *Pasteurism*. The explanation of this fact, however, is still to be sought. Neither chemistry nor the microscope has revealed the morbid agent or thrown light upon what seems to be a curious fact, namely, that the repetition of the virus produces an arrest of the incubating process. This is not homœopathic, but idiopathic. It would seem that the poet's lines,

"Shallow draughts intoxicate the brain,  
Drinking largely sobers us again,"

literally becomes true.

### THE TUBERCLE BACILLUS.

In quite a large number of cases of tuberculosis and chronic bronchitis the greater portion of the sputum is produced by the mucous membranes, and the *Bacillus Tuberculosis*, though present, either is not found, or is found only after a long search. In the *Berliner Klin. Wochenschrift* for October 18th, 1886, Biedert suggests the following method by which time is saved and greater certainty reached :

A dessert spoonful of the sputum is mixed with a dessert spoonful of water and 15 drops sodic hydrate. This is boiled till the sputum is all dissolved, when 4 dessert spoonfuls of water are added and the whole again boiled until a homogeneous fluid with only a few floating particles is obtained. If, when cold, the solution is not perfectly thin, 3 to 6 dessert spoonfuls of water are again added. The whole is then put into a conical glass and allowed to stand from two to three days. By this time the bacilli, if present, have fallen to the bottom of the glass. The supernatant fluid is carefully drawn off and the deposit in the bottom will contain all of the bacilli in the whole mass of sputum used. A small quantity of egg albumen may be added to the deposit for the purpose of fixing it to the cover glass during the process of coloring. When the bacillus is not found by the ordinary methods in suspected cases this procedure may help largely in reaching a correct diagnosis.

## ZONULAR CATARACT AND DENTAL MALFORMATIONS.

The October number (1886) of the *Ophthalmic Review* contains an article on "Zonular Cataract and Dental Malformations," by John B. Storey, M.B., F.R.C.S.I., in which he calls attention to the frequency with which dental deformities occur in this form of cataract. He quotes the views of Professor Horner and Professor Arlt as to the causes which produce these defects in the lens and the teeth. It is stated that Professor Horner believed that the connection between zonular cataract and the peculiar dental malformations which so frequently accompany it, is due to the influence of infantile rickets, and that Professor Arlt is of the opinion that it was due to infantile convulsions. Out of sixty-five cases of zonular cataract mentioned by Horner and Arlt, forty-eight had a history of infantile convulsions, and in Horner's thirty-six cases, twenty-five had dental defects, sixteen had malformed crania, and four had imperfect mental development.

Mr. Storey also reports nine cases, in corroboration of Horner's observations, six of them with marked dental defects. In describing the malformations of the teeth he says "the dental deformity must not be confounded with that ascribed by Mr. Hutchinson to congenital syphilis. It is, on the contrary, precisely similar to what Hutchinson has attributed to the use of mercury in infancy, \* \* \* which, by setting up stomatitis, produces the dental abnormality."

It is extremely difficult to distinguish between the characteristic features of dental malformations ascribed by Hutchinson to the effects of inherited syphilis and those due to the effects of the prolonged administration of mercury in early infancy.

The semi-lunar notch found in the cutting edges of the

permanent upper central incisors, "the test teeth," has been considered as diagnostic of inherited syphilis, but inasmuch as it is unusual to find such cases in which there is not also the history of mercurial impression, it requires strong evidence to enable one to assert that such defects, in the development of these teeth, can be the result of no other cause than syphilis.

The teeth which are most often defective in development are the first permanent molars and the six anterior teeth, viz.: the incisors and cuspids. Calcification begins in these teeth during the first two years of life, or, to be more precise, in the molars, at birth, in the incisors during the first year, and in the cuspids during the second, and this is the period when the impress of disease is most marked upon the developing teeth.

Syphilis seems to have a special predilection for the tegumentary system, and often acts with great virulence upon these tissues. As the teeth are a part of this system, we can the more readily understand how nutrition of the gums of these organs would be for a considerable time perverted, and result in defective development.

The too common use of large doses of mercury in certain infantile disorders, the long-continued administration of the drug which is necessarily practiced in the treatment of syphilis, lowers the vital forces and produces a depressing effect upon the nutritive functions. Cases could be cited of results from the administration of this drug and other influences in which syphilis undoubtedly did not exist, that would make it impossible from the teeth alone to determine that the results were not due to the syphilitic virus.

On the other hand, the malformations of the teeth described by Arlt as due to infantile convulsions, by Horner to infantile rickets, and Hutchinson to the effects of mercury, cannot in

many instances be distinguished from those due to the influences of the eruptive fevers, typhoid fever, or in fact any disease sufficiently severe in its character to markedly disturb the nutritive processes.

Careful observation will bear out the statement that any influence, no matter what, which depresses or arrests the process of nutrition during the calcification of the teeth, leaves upon them the indelible evidence of defective development, and the more prolonged and severe is this depression of function the more marked are the defects: while a correct knowledge of the periods at which calcification of the various permanent teeth begins and terminates, furnishes data from which a very reliable estimate may be made as to the time—at least to within a few months—when the disturbance to nutrition occurred.

## SOCIETY REPORTS.

---

### CHICAGO MEDICAL SOCIETY.

*Stated Meeting, November 1st, 1886.*—E. J. DOERING, M.D.,  
PRESIDENT, in the chair.

PROFESSOR ALBERT E. HOADLEY read a report of five cases of stricture of the rectum, with remarks on the treatment of the more severe forms, which appears in full in another part of the MEDICAL JOURNAL AND EXAMINER.

#### DISCUSSION.

DR. J. FRANK thought that if the author had divided his paper into relief for malignant strictures, and treatment for non-malignant strictures, it would have been a better classification. He had not had much experience with malignant strictures, but had divided one in the manner described by the author, by cutting down through the cellular tissue. He thought there was little danger in performing the operation, and was surprised at the small amount of hæmorrhage. But the benefit from the operation lasted only for a short time; there was relief at first, but in six or eight weeks the same symptoms returned. Even in extirpated cancerous growths, as far as his information went, they generally return within a year. He had had one case in which the whole cancerous growth was extirpated, but in six or eight months it commenced to return and in a year's time the patient died with cancer. He thought that in dividing the strictures care must be taken not to go too far up the bowel, or too deep, as the peritoneum might be cut into.

PROFESSOR HOADLEY, in closing the discussion, said: Dr. Frank suggests that we be careful in dividing the strictures high up; if we do not divide them higher than we can reach with the finger, dividing them in the posterior line, there is little danger of opening the peritoneal cavity. The peritoneum does not come down, as a rule, where it can be reached with the finger. In regard to hæmorrhage, those cases sometimes bleed profusely even though they are divided right in the median line, where we least expect to find blood vessels; the tissues become vascular, new vessels form, and it is necessary to tampon the wound, and in doing so it is best to put in a tube to relieve the bowels of gas. The suggestion made in reference to the division of the paper is quite proper; perhaps it would have been better to have said, report of cases illustrating a treatment. The treatment is palliative in malignant strictures, and in non-malignant strictures sometimes effects a cure. In answer to the question, "How many inches up may we go?" it is a rather difficult matter to reach the peritoneum of the posterior wall of the rectum with the finger, even if the sphincter is divided; one can reach about four inches with the finger by pushing hard; it would be unsafe to divide a stricture further than one could reach with his finger. Even the inferior mesenteric artery (superior hæmorrhoidal) comes down sometimes, before it bifurcates into the lateral branches, within reach of the finger, and may be divided, but that is no drawback to the operation, because one can put a tampon into the rectum so firmly that all hæmorrhage can be perfectly controlled, and on the next day one may remove about half of the tampon to relieve tension, and the remaining half will tumble out itself three or four days later. It

has been his experience as well as that of others that the vessels there can be controlled with the tampon very securely and with perfect safety. It is best to prepare for it and always tampon where one makes that division, because moderate hæmorrhage is sometimes quite persistent.

DR. A. J. OCHSNER read a report of a case of actinomycosis, which appears elsewhere in this number of the JOURNAL AND EXAMINER.

#### DISCUSSION.

PROFESSOR R. H. BABCOCK said, the case is one of exceeding interest from its rarity, and particularly as it is a case occurring in this country, and one of very few that have been recorded, and in this case the diagnosis is so unquestionable that the interest is all the greater. We know that in cattle the disease is manifested by tumefaction in various organs, whereas in human beings it is by suppuration and metastatic abscesses. The disease in the human being may affect any of the organs, not merely the lungs, but particularly the viscera of the abdomen. He inquired of Dr. Ochsner if there are signs of the disease having attacked other parts of the body than those mentioned, any symptoms which lead him to infer that the digestive organs or the stomach are infected.

DR. R. TILLEY said, this is certainly one of the most interesting questions that has been brought before the society for a considerable time. In the case presented to-night the disease seems to have originated in the antrum, and is therefore especially interesting to those engaged in treating affections of the nose and throat, and of the teeth. As in the history of this case there was a considerable amount of pain associated with the eyes, it is of interest to the ophthalmologist, and as it is now associated with the lungs, it is of interest to those

engaged in the study of affections of the lungs. As this case, together with the last case presented to the society, in all probability constitute the only indisputable cases that have appeared in English literature, he believed it would be of sufficient interest to the society to ask Dr. Ochsner to carry the investigation still further and try to produce the disease by inoculation on one of the lower animals. He would move, at the proper time, that the society place at Dr. Ochsner's disposal the necessary funds, and he would suggest that Dr. Ochsner accompany his report with a diagram of the fungus as it appears under the microscope. He had looked at the various schematic sketches that are published, and he claims that it would be absolutely impossible for anyone with only the information afforded in these articles, without further study, to diagnose the fungi as they appear in the specimens presented. In Dr. Belfield's book, the diagram is more in correspondence with those we see to-night, but those that are in Councilman's article in Wood's Reference Handbook certainly do not present such an appearance.

DR. J. D. SKEER inquired as to the condition of the lung at the present time, whether cavernous or indurated.

DR. FRANK BILLINGS endorsed the remarks of Dr. Tilley, and thought the society should afford Dr. Ochsner means to carry on the investigation. It is not quite settled how this fungus is carried from one tissue to another; in one case it has been proven that it was carried to the heart by ulceration into one of the jugular veins, and it is known that it will spread through contiguous tissue as through the diaphragm from the pleural cavity to the peritoneal cavity. A pure cultivation of the fungus has been made at Berlin.

DR. HAROLD N. MOYER said there is great uncertainty as to the manner in which the fungus obtains access to the tissues.

He would ask Dr. Ochsner if there is anything in the history of this case that would clear up that point. Two very interesting cases have been recently reported, in one case lung actinomycosis was diagnosed during life, and after death of the patient a large actinomycotic mass was found in the lower portion of the upper lobe of the left lung, and in the center of the mass a piece of tooth was found. Israel (Center. Bl. f. d. Med. Wesseusch) demonstrated actinomycosis in the sputum of that case, and so far as he knew it is the only case on record in which a diagnosis was made from the sputum. The other case bears on the manner in which the fungus obtains access to the tissues and is reported by Soltmann (Jahrb. f. Kinderhkde). A child while at play swallowed a head of what is known as fox-grass, which was followed by severe pain, difficulty in swallowing, and difficulty in respiration. In a few weeks the head of grass was discharged in an abscess at the left of the vertebral column. In less than six months this case developed actinomycosis. The theory of Israel regarding the first case is that the parasite was carried by the piece of tooth directly into the lung. In the second case the fox grass undoubtedly carried it directly into the mediastinum, which was followed by secondary involvement of the tissue of the lung.

PROFESSOR W. T. BELFIELD said, he would like to say in reference to Dr. Tilley's proposition, that experiments on the cultivation or transmission of this fungus ought to be made from fungi obtained from animals and not from man; if from the latter, from pus taken from abscess cavities around the jaws. The reason is that fungi obtained in the sputum are far more delicate in appearance and for preservation. He has found that after a few days they disappear, or at least are extremely hard to find, and it is stated by those who

have had a great deal of experience that the fungi obtained from the sputum are not so robust as those obtained from cattle or from pus-cavities, aside from the air passages, in man. In justice to Dr. Shirmer, he would say that in the case reported by him, the fungus was recognized in the sputum and a diagnosis of lung-actinomycosis was made.

DR. R. TILLEY said, the question with him was not that of producing the best possible sample of the fungus, but to place cases in question beyond dispute and give the society further opportunities of studying the question. Necessarily American physicians must be ignorant of the question as a whole, because it is impossible to get that accurate information from literature that we can get from the study of the manifestations of the disease. He would not discriminate between this case and that of Dr. Schirmer; on the contrary, if there is a probability of developing the fungus from pus, and an animal is chosen, he did not think there would be any objection to taking samples from both cases to inoculate the same animal.

DR. OCHSNER in closing the discussion said, as far as we know at present there is no evidence of the existence of actinomycosis in any other portion of the body; the probable reason of this is the fact that the patient has been exceedingly careful never to swallow any of the discharge from the abscess or any of the sputum. The accumulation of the fungus in the lungs is probably not sufficient for ulceration to have taken place into any of the other organs. The amount of sputum during twenty-four hours is between one and two ounces, and some days there will be one or two of these accumulations of actinomyces of considerable size and a few very small points, and on some days it is impossible

to demonstrate actinomycosis. On Saturday there were a dozen quite large accumulations and quite a number of small ones; so that judging from the number we find in the sputum, and from the physical signs, which are a decrease in the motion of the left side, mucous râles, and very slight dullness on the left side above the fifth rib, the accumulations are not very great, and we do not find any signs of the existence of actinomyces in any other organ, which answers also Dr. Skeer's question concerning the condition of the lungs at present. Concerning the access to the tissue, the patient had teeth removed from the left side of the upper jaw a number of times, during which time he was constantly handling animals suffering from lumpy-jaw, which is the same as actinomycosis in man, and constantly handling objects that came in contact with these animals. Another point of interest which might give us some light as to the possible introduction of actinomycosis in man is this: The patient told him that on the farm whenever one animal has lumpy-jaw, a number of animals are very likely to have it soon after. This happens generally in the spring of the year, or late in winter, when animals are likely to rub their necks on the fences. He thinks these animals with lumpy-jaw rubbing their necks on the fences are likely to leave some of the actinomyces and the healthy animals are likely to scratch their skin and break the hide, and in that way become infected. The plants are exceedingly small and could with great ease be introduced into the mouth and the cavities of the teeth, or into the jaw from which teeth had been extracted. Drs. Ross and Robison are treating the patient at present by means of the pneumatic cabinet, introducing into the lungs 1-1000 solution of bi-chloride of

mercury. It seems that more of the actinomyces have been coughed up since this treatment began, but it has been of such short duration that nothing certain can yet be said.

THE COMMITTEE ON PATHOLOGY

reported through Professor W. T. Belfield the examination of the case of actinomycosis hominis presented to the society on September 6th. The patient is a man about twenty-five years old, emaciated and feeble. The lateral diameter of the neck is considerably increased by inflammatory thickening of the superficial cervical tissues, which are hard and unyielding; on either side of the neck is a jagged scar and small fistulous opening from which issues a slight serous discharge. The jaws could be separated to only a slight extent; but so far as could be determined, the mouth and throat presented nothing abnormal; no carious teeth were detected.

Dullness on percussion and broncho-vesicular breathing were found over the apex of each lung; on the left side in the supra-clavicular region and first intercostal space anteriorly; on the right side down to the third rib.

The patient coughs frequently and occasionally raises considerable sputum. About an ounce of sputum was collected from which slides were prepared and several specimens of actinomyces were detected.

On September 28th an incision was made in the left side of the neck, giving exit to a small quantity of pus, containing actinomyces. It was the opinion of Professor Belfield that this patient is the subject of actinomycosis.

Professor Belfield said that he had been informally requested by the President to examine the case presented by

Dr. Ochsner, and had found the patient exactly as described. He thought there was no question about the genuineness of the specimens exhibited. The diagnosis rested altogether on the detection of the fungi in the sputum, because if that were absent the physical signs might be due to some other cause, but he thought the physical signs in this case were caused by the fungi in the lungs.

On motion of Dr. Tilley the sum of fifty dollars was appropriated for the purpose of making a series of experiments with actinomyces.

---

THE CHICAGO SOCIETY OF OPHTHALMOLOGY AND OTOTOLOGY met on *June 8th* at the Tremont House. E. L. HOLMES, M.D., in the chair.

Dr. H. M. Starkey presented three cases of congenital ectopia lentis, with the following histories:

1. Mrs. Joseph Peltier, widow, age forty-four. Congenital ectopia lentis of both eyes, and the mobility of the eye-balls slightly diminished. Tension normal in both eyes. Right eye—the lens was cataractous. Vision=perception of light. Left eye—Vision=20-200 with + 5.5 D.=20-50. Ophthalmoscopic examination showed the fundus to be normal. Accommodation was nil. Lenses dislocated upwards and backwards. The irides and the lenses were quite tremulous. The patient was given + 5.5 D. for the distance, + 9 D. for close work.

2. Gertrude Peltier, a daughter, age sixteen. Double ectopia lentis, backwards and upwards, with tremulous irides and lenses. Her general health was good. There was slight photophobia. Vision—right eye, 4-50 with + 7 D.=

20-30; left eye, 2-50 with + 7 D.=20-70, and the accommodation of both eyes=0. Tension was normal. On ophthalmoscopic examination the fundus was found to be normal. She was given + 7 D. oc. u. for distance, + 12 D. oc. u. for reading.

3. Aaron Peltier, a son, age seven. Both lenses were dislocated upwards and backwards. Tension was normal. Ophthalmoscopic examination showed the same. Mobility was impaired, irregular and discordant. Accommodation=0. Vision—right eye=20-120 with + 8 D.=20-60; left eye=20-120 with + 8 D.=20-50. Prescribed + 7 D. oc. u. for distance. Another son, aged sixteen, had been examined by Dr. Boerne Bettman, who found both lenses likewise dislocated (upwards). The boy's vision was materially improved by a + 8 D. lens for each eye.

After an examination of these interesting cases by the members of the society, Professor W. T. Montgomery read the following papers:

OPERATION BY LIGATURE FOR ENTROPION OF LOWER LID.

About two months ago, an old man came under my care who was suffering from complete inversion of all his eyelids and marked narrowing of the palpebral fissures. These conditions had existed for a considerable time, so that the patient was almost blind from pannus. Under ether I made canthotomy on both eyes and Hotz's operation on both upper lids, intending to make this latter operation on both lower lids. Owing to the tediousness of the Hotz operation and to the fact that it is not nearly so effectual in correcting entropion of the lower as of the upper lid, it occurred to me to try the effect of a ligature introduced as follows: A strong curved needle was threaded with number 9 surgeon's silk and introduced at

a point four to five millimeters below the puncta and passed deeply through the tissues of the lid and brought out at a point four to five millimeters below the outer extremity of the lid. The included tissue was then firmly ligated. The inverted lid was completed everted but the ligation produced such an unsightly puckering of the lid that I was tempted to remove the ligature, but did not. Both lower lids were treated in the same manner. The ligatures were removed on the third or fourth day, or as soon as suppuration began, and the unsightly puckering soon disappeared, the lids assuming a natural position. This patient remained under observation about one month and there was no appearance of return of his entropion. I have made the operation about fifteen times with very satisfactory results so far. It has only failed in correcting the entropion in one case, and this was such an aggravated case that I was not surprised at failure at the first attempt. I ligated again, and the lid is now everted. The effect of the ligature is modified by the amount of tissue included. It is too early yet to speak assuredly of the ultimate success of this operation. I have not the temerity to call it new. I can only say it is new to me, and being so very simple, if it is even as successful as other operations in correcting entropion of the lower lid, it commends itself.

He then exhibited a patient with the following history:

Eugene Darust, age twenty-seven, baker, ten years ago received a blow on the left eye with the fist or some blunt instrument which knocked him down. In falling, the left temporal region struck the flat surface of a stone. Considerable swelling and ecchymosis of the lids followed these injuries, but soon began to clear up, and in a short time there was only a slight thickening of the lids remaining. This

slight thickening did not noticeably change until about three years ago, when it began to gradually increase and the surface to assume a knotty appearance. The trouble, though slowly increasing, had not given the patient any inconvenience, except its unsightly appearance, up to the time I first saw him, on December 4th, 1885. At this time the upper lid was so much thickened that there was almost complete ptosis. The external surface presented a markedly nodular and purple appearance, due to varicose enlargement of blood-vessels; on the inner surface of the upper lid near the external angle was found a varicose nodule, the size of a pea. The entire palpebral conjunctiva presented an engorged appearance. The lower lid was also considerably thickened by the varicose engorgement. Decided pulsation was felt over the entire upper lid and extending into the temporal region on this side, but was most marked over the outer angle of the orbit and over the supraorbital foramen. Firm pressure at these points arrested pulsation in the lid and lessened the vascular engorgement. I informed the patient that I thought an operation, ligating the principal branches of the anterior temporal artery and the supraorbital artery, with the free use of the electrolysis needle, would relieve him; but was not certain of effecting a cure by these means, though I endeavored to impress upon the patient the importance of the affliction and urged the immediate necessity of the operation. I did not see him again until May 9th.

He then stated that three weeks previous the noduli on the inside of the lid ruptured and he almost bled to death before the hemorrhage was stilled. Dr. J. J. M. Angear, who was called to see him at the time, has since informed me that he attempted to ligate the main branch of the tem-

poral subcutaneously, but as this did not check the bleeding he ligated the ruptured vessel on the inside of the lid. Dr. Angear was of the opinion that the varix was largely supplied by branches of the lachrymal artery, and that ligation of the common carotid would have to be made. At the time of the second visit of the patient the condition of the lids was not materially changed, but the patient was still anæmic and weak from loss of blood. I advised the operation which had been urged in the first place, but warned him that it might not prove successful, and in that case ligation of the common carotid would have to be made. The patient acquiesced. On May 11, under ether, four subcutaneous ligatures, one including the pulsating branches of the supraorbital, and three along the course of the temporal branches, were applied. The first of these was introduced at the outer rim of the orbit, and the other two at intervals of one-fourth of an inch towards the temporal region. After the sutures were introduced pulsation was only detected at the outer extremity of the lid in a small area. A fine electrolysis needle was then inserted about a dozen times in different directions through the engorged tissues of the upper lid. Cold water dressings were applied, and the patient was ordered to be kept quiet in his room and friends were warned of the possibility of secondary hemorrhage. Considerable reaction followed the operation. The ligatures had all come away by the end of twelve days without any hemorrhage, and by the end of three weeks the swelling had subsided to a degree less than existed before the operation. The surface of the lid is now smooth. Pulsation is still felt over the outer rim of the orbit and the eye-lids are still much thickened. On June 1 electrolysis was again freely used.

without employing an anæsthetic, and but little reaction followed.

At present, June 8th, the lids have not entirely recovered from the last operation, but I think it is safe to say that it will be followed by further improvement.

It is still a question as to whether a cure will be effected by the means instituted. I present the patient for your inspection and advice. I am encouraged to give further trial to electrolysis. We all know that ligation of the common carotid is a hazardous operation, and is not always successful in curing aneurisms about the orbit. There is no doubt about the aneurism in this case, starting from the injury of ten years ago, and it is my opinion that the injury was primarily directed to the branches of the middle temporal. It was upon this opinion that my hope of benefiting the patient by the treatment detailed was based.

---

*The third annual meeting of the society* was held on October 12th, at the Tremont house, F. C. Hotz, M.D., in the chair.

The following officers were elected for the ensuing year:

President, Dr. E. L. Holmes; vice-president, Dr. Lyman Ware; secretary and treasurer, Dr. Boerne Bettman.

Dr. F. C. Hotz then read a paper entitled

THE RATIONAL TREATMENT OF PATIENTS AFTER CATARACT  
OPERATIONS.

Though the safety of the eye is of prime importance, we must, in our anxiety for the recovery of this organ, not entirely disregard the comfort of the patient, for we have no right to deprive our patients of any comfort which does not disturb the healing process. The usual treatment after cataract operations is anything but pleasant to the patient, and many dread the confinement to bed, and in a dark room; worse

than the operation itself. If it can be shown that such measures are superfluous, they should be abandoned.

When a wound is carefully cleansed and thoroughly disinfected, and its edges are nicely approximated, it will heal by first union, provided the close adaptation of its edges is not disturbed by external violence or by muscular tractions. Rest of the wounded part is the first condition for kind healing. But to rest the eyeball it is not necessary to put the patient to bed; we can secure the necessary rest for the operated eye, i. e., we suspend the functions of the ocular muscles and immobilize the eyelids by bandaging *both* eyes. As long as they are closed they remain comparatively motionless. The bandage over both eyes accomplishes this result just as well whether the patient is in bed or sitting in a chair. The confinement to bed, therefore, is irrational, and the recumbent posture is not only of no advantage, but may even disturb the healing, because it favors the flow of blood to the head; consequently congestion of the ocular tissues is more likely to occur in the recumbent posture than when the patient is sitting up.

The uselessness of darkening the room will be apparent to everyone who will bandage his own eyes just in the same manner as we dress the eyes after cataract operations. The bandage shuts off the light so thoroughly that we will be unable to tell whether the room is light or dark. To the patient it is immaterial, but to his attendant it is a great comfort to have light in the room.

In regard to the dressing there is a difference of opinion: the majority of oculists employing the pads and bandage; some closing the eyelids only by strips of plaster, and others discarding all dressings.

If we dispense with the dark room, we cannot leave the

eyes without dressing, because the winking of the eyelids and the constant rotations of the eyeball would disturb the wound and cause a good deal of irritation.

The plaster strips overcome this difficulty; but they do not give the eye any protection against mechanical insults which might cause a re-opening of the freshly united wound. The bandage with padding of absorbent cotton or any other soft material secures to the eye rest and protection against accidents and is therefore to be recommended as the most rational dressing. The flannel roller is open to the objection of being easily disarranged by the movements of the head on the pillow; but a roller of mosquito netting or Swiss gauze applied wet forms, when dry, an immovable bandage which does not become loose, and keeps nicely adjusted for any desired length of time.

The sensitiveness of the operated eye to bright light is not due to the bandage; it varies greatly in different persons; some even do not show it at all. Where it exists it only shows that the eye has not completely recovered from the effects of the operation though the external wound may appear well healed. With the eyes well bandaged my patients are sitting in easy or rocking chairs, in light rooms, and are even allowed to take an exercising walk in their rooms; they go to bed when they please, and get up whenever they like. I have never observed any complication or accident which could directly or indirectly be attributed to this mode of treatment. The recovery was as rapid and the results as good as under the old-fashioned régime.

## ABSTRACTS.

---

EXPERIENCES CONCERNING ONANISM IN YOUNG CHILDREN. *By* PROFESSOR HIRSCHSPRUNG, *in Copenhagen. Berliner Klinische Wochenschrift, September 20, 1886.*

The author of this paper is convinced that masturbation occurs in very young children, though we may be disinclined to believe it; and that the effects on the organism, and especially on the brain, are much worse than after puberty.

"I will show that masturbation is practiced at a very early age, not only by boys but also by girls, most frequently, according to my experience, by the latter.

"The following typical case occurred lately: A shapely, well-nourished girl, just thirteen months old, of Danish parentage, was brought to me on the 20th of November, 1884. She was the only child; the mother seemed very nervous, the father was healthy. The attending physician could not explain the attacks from which the child suffered.

"The child was said to have been suffering for eight or nine months from its attacks, which were still of a doubtful nature.

"On examination absolutely nothing was to be learned. The child was ruddy, was not rickety, had a normal temperature, normal urine, suffered a little from constipation. It cried continually during the investigation, and became quiet for the first time when the nurse took it in her arms. It grew gradually quiet, and I then observed an attack which lasted for about five minutes. The child lay stretched over the

breast and shoulder of the girl, clinging to her firmly with its hands, one on the servant's back and the other on her breast. Its feet were braced against the girl's abdomen. Now began a series of to-and-fro motions with the pelvis and the legs which were stretched out parallel. The child worked continually, was perfectly still, red in the face, the pupils dilated, grimaces came and went in its face; it sighed and sobbed so that it was supposed to be in pain, and the girl drew it, pityingly, closer to the breast. During the attack I stood close by. The child watched me with a longing, vacant look—the instant before it could not endure me. When the attack was over it loosened its hands and began immediately to cry again.

“The investigation of the genitals before and after the attack showed nothing specially abnormal.

“Such an attack, according to the mother, occurred several times during the day. By night the child was very restless, it was wakeful and fell asleep for the first time only after it had been taken up and given the opportunity to practice its habit.

“I communicated to my Swedish colleague my opinion of the case, and the advice which, of course, naturally followed from it, to remove from the child the opportunity for its vicious practices.

“After a month, I had the pleasure of learning from the father that my advice had borne fruit, but the family physician could not agree with my interpretation of the facts. Nevertheless, in this case, typical means were used, consisting of friction of the genital organs, the irritation being voluntary, and a high degree of sexual orgasm arose; this means nothing else than an intentional, even though igno-

rant arousing of the sexual passion. The vice indeed showed itself at an unusually early period of life, but a counterpart occurs in Kraft's case, cited by Vogel, of a girl eleven months old \* \* \* who irritated the vulva with the hand.

"There is the closest agreement in the appearances seen in girls a little older, though the methods vary somewhat. They may be seen going through their exercise bent over a chair, stool, or something of the kind, the genitals pressed against the piece of furniture, but the typical method is crossing the legs while sitting and making backward and forward motions, with flushed face, staring eyes, great anxiety until the culmination. The case often ends with a sigh and collapse. The procedure is repeated whenever the opportunity is offered, often several times a day, perhaps also at night, many times quite typically in sleep.

"In 1884 I had such a girl under observation in the hospital. She was born October 10th, 1881, and was at the time of her reception not yet quite three years old. She belonged to a neurotic family,—father and uncle had committed suicide,—and she was the only child.

"She was in every way well developed, was large for her age, but thin and anæmic, very active, somewhat restless in her manner. Since the age of one and a half years she had had attacks which were explained as pruritus of the genitals. She had visited the 'Poliklinik' of the hospital, but without result, because the supervision on the part of the nervous mother was not stringent enough, therefore she was brought to the hospital. During a considerable portion of the forty days of her stay in the hospital she was kept in bed, with her legs stretched out and bound fast to its sides. She was quite well, but was constipated, and somewhat rest-

less during her sleep. After getting out of bed there were several beginnings of an attack but nothing more."

The author mentions another case of a girl of eight, still under treatment, who has masturbated since her third year. "These cases, with three or four more, in age from one to eight, complete the list. When one can look over such a list he will be more firmly fixed in the opinion which I state positively that the cases occurring earlier in life belong to exactly the same class as the latter."

\* \* \* \* \*

On account of the attendant erections the diagnosis is easier in males, but such cases are rare, he having seen only three cases in young boys.

"A sixteen months old boy came to the 'Poliklinik' on July 30th, 1878. He was small, thin, with fontanelles still open the head very large; he had twelve teeth and could walk when supported. The mother said that since his eighth month he had been observed daily in the following condition,—of late this had occurred oftener: He sits upright, bent a little forward, with his body moving back and forth, penis erect, cries when disturbed, and at last is bathed in a profuse perspiration. After the attack, which may last for half an hour, he falls into a complete stupor. For a month he has been growing thin, has diarrhoea and a poor appetite. Worms have not been noticed. Cold packs were advised. August 2d—Up to this time he has had only two attacks, and these were quickly overcome by cold water.

"There can be no doubt that masturbation in small children does not belong to the things of daily occurrence, but on the other hand, it does not occur so seldom as to escape the observation of a busy pædiatrist, nor must it in all cases be the result of false observation." \* \* \* In works

on children the subject is usually only hinted at. "Vogel, I have already stated, mentions the fact, but the most detailed description is in *Steiner's Compendium der Kinderkrankheiten*, 1872. In the chapter on 'Onanism' he says: 'Concerning the age in which this vice is practiced, I have often noticed that it may be detected in very small children—from one to two years of age.' And he here remarks that in nurslings, after weaning, the sucking of the finger, which is so frequent, often occurs along with erection, great redness of the face, increased brightness of the eyes, and, finally, an outburst of perspiration. This remark certainly for the first time gives to it an ætiological meaning and is, according to his opinion, a plain indication of sexual irritation. Steiner does not believe that these occurrences take place in children at the breast." \* \* \*

Dr. Lindner, of Budapest, amplifies the same thought. In a note the author refers to the article by Dr. Jacobi on "Masturbation and hysteria in young children in the *American Journal of Obstetrics and Diseases of Women and children*, 1876," which he has only seen in abstract. He has himself not seen such cases, but he calls attention to the exact agreement of Steiner and Lindner, and advises the physician to have a watchful eye upon the movements of children while nursing.

"As to my own cases, I will emphasize a distinct impression that I have had that great nervousness, or even decided mental disease, exists in the nearest relatives of these children and doubtless may play a part as a predisposing force.

"In the next place, I have had the impression that relatively many children observed by me have suffered with habitual constipation. I have been still more convinced of the importance of this symptom since my acquaintance with a

case which Dr. V. Mohr, of Copenhagen, a few years ago, made the subject of a communication to the medical society of that place.

"He met a girl, three and half years old—again a girl—that had, for some time past, suffered with constipation. Lately she had begun to masturbate. She braced herself with her arms against a table and rubbed the thighs against one another. The mother said that for the whole day and evening, until she went to sleep, she did hardly anything else. Scarcely had she come into Mohr's room when she began her practice. The labia majora and minora were somewhat reddened, no fissure in the anus but a tension on account of which Mohr dilated the anus with his fingers. The operation removed the constipation as well as the masturbation. After eight days the old constipation began again, so that the operation had to be repeated. The child was then for three weeks very bright, then relapsed again, afterwards she recovered, and, at this time, apparently radically.

"I cannot pass over a badly itching attack of urticaria or of lichen, which may be such a great torment of children and is so difficult to remove. These troubles may be the first inducement to handling and friction, and may have onanism as a result."

"I have four times heard ascarides mentioned, but their meaning as a causative force I have not been able to understand." \* \* \*

When Bouchut mentions "*prurit de la vulve* as a frequent cause of onanism I am unable to form an opinion of my own concerning the independent existence of this symptom.

"Instruction by others, which is certainly the most common

cause with boys and girls in later years, I may, fortunately, in the first years of life pass over." \* \* \*

"The greatest care must be exercised to discover the cause, and the greatest watchfulness 'early and late, day and night,' must be used to prevent the practice; consequently such patients are usually better treated in hospitals."

LESTER CURTIS.

---

#### COCAINE INTOXICATION.

Dr. Commanus, Berlin,\* describes a case of cocaine intoxication. The patient had contracted the morphine habit in seeking relief from hemorrhoids, and used cocaine as a substitute for morphine. He began with 0.05 grm. of muriate of cocaine three or four times daily. The remedy at first gave him real comfort without producing after effects worth mentioning. According to his account he enjoyed an alleviation of his hemorrhoidal difficulty and had a stool every day, which was not the case when using the morphine.

He finally reached doses of 0.5 to 0.8 grm. daily, when he began to suffer with "a poor appetite, ringing in the ears, occasional shortness of breath, and hallucinations in respect to the senses of sight and hearing." These symptoms he learned how to remove by small doses of morphine.

During an attack of herpes zoster he used doses of from a gramme to a gramme and a half daily for two or three days. Then followed "trembling of the limbs, relaxation of the muscles of the body, peculiar and rapidly extending

---

\* Berliner Klinische Wochenschrift, September 20th, 1886.

changes of the finger and toe nails, loss of appetite and sleep, very great agitation, strong hallucinations in the departments of the nerves of sight, smell and hearing; intensely injected conjunctivæ; a staring look. The patient fired several revolver shots at the objects of his hallucinations. He attacked his servant in order to force out of his mouth a lantern which was concealed there." These symptoms are seen to resemble those of delirium tremens. They were relieved in two or three days by small doses of morphine.

Dr. Mærkel,\* also gives some warnings as to the danger of using cocaine.

Among these is the "significant sleeplessness lasting up to six hours after the cocaine injection."

He doubts, however, the danger of forming a cocaine habit, like the morphine habit, because he does not believe that cocaine is a pure nervine as morphine is. It produces its effect first through the nutrient glandular system, which it stimulates, causing an excess of nutrition to flow to the nerve centres. His reasons for this opinion are that after the use of cocaine, a certain amount of salivation is always produced. There always follows a swelling of the lymphatic glands in spite of the most careful antiseptic precautions; even the mammary gland is sometimes affected in the male. This result is more marked on the side which has received the injection.

The appetite is always increased as after a drain upon the nutrition.

The drug produces not so much a stimulation as a feeling of well-being and elasticity, a disposition to play, as in growing young animals. After the effect has passed off there is no

---

\* Berliner Klinische Wochenschrift, March 8, 1886.

"katzenjammer," as after a debauch, only a return to the usual condition. At the most there is only a feeling of pleasant weakness.

It is in this disturbance of nutrition that he thinks the danger in its use lies. As a partial proof of this view, he states that the cocaine users of Central America always die of phthisis.

LESTER CURTIS.

---

A PECULIAR FORM OF MOTOR DISTURBANCE OF THE PUPIL  
(*Eine Besondere Form von Bewegungsstörung der Pupille*).  
By DR. J. SALGÓ, *Central-blatt für Nerven Heilkunde*. October, 1886.

Salgó describes a peculiar form of pupil, which consists essentially of an irregular contraction of the muscular tissue of the iris, by which its pupillary margin assumes many different shapes. The pupil generally appears triangular or poliangular, with the corners thickened and rounded out, resembling somewhat the slit-like pupil of the cat, or the irregular appearance caused by synechia. This kind of pupil reacts in a normal manner, but after each movement assumes a somewhat different form, so that the contracted pupil appears different from the same when dilated.

The great majority of cases so far observed have been associated with general paralysis of the insane, though it has been seen in chronic, progressive psychoses in which no paralysis could be detected. The author considers that it is much the most frequent pupillary symptom in general paralysis, and regards it as an expression of the varying intensity of enervation from the cortex.

HAROLD N. MOYER.

## BOOK REVIEWS.

---

LOCAL ANESTHESIA IN GENERAL MEDICINE AND SURGERY,  
*Being the Practical Application of the Author's Discoveries.* By J. LEONARD CORNING, M.D., pp. 103. New York: D. APPLETON & COMPANY. Chicago: A. C. MCCLURG & COMPANY. 1886.

Nearly everything of value or of interest in this book had first appeared in the medical periodicals of the United States. It is principally a compilation of articles written by other men. It is entertaining and instructive, but the way in which the author forces his own personality upon the reader at every page is inexcusable. The book is one of the most flagrant examples which has appeared, of the growing tendency among certain of the members of the medical profession to attempt to advance their personal interests by exhibitions of egotisms, as is shown throughout this book by the frequent use of the nominative case of the first person singular, and the devising and displaying of needless modifications of instruments.

It has been ascertained that in using cocaine for producing local anæsthesia the following precautions are desirable: 1. The particular sample of the drug used must be a good one. The author prefers that prepared by Mariani, but others seem to be equally good. 2. Strong solutions, particularly about the head, are apt to produce unpleasant physiological symptoms. The author prefers a one or two per-centum

solution. In one case local insensibility was maintained for one hour and a half by the use of a one-third per-centum solution, heated to 99° F. before injection. Heating the solution has been found to increase its anæsthetic power. 3. The best method in using the drug is, to first apply an Esmarch bandage, say in an extremity, up to the lower margin of the region which it is desired to render anæsthetic. Then using a solution of the desired strength, make repeated injections of say two minims, just under the skin, at short intervals of space throughout the area to be anæsthetized. Next apply the bandage above but not over the injected area, and apply the tourniquet. The bandage may or may not be removed below the point of operation. When the operation involves the deeper tissues, the injections of one to three drops each, are to be repeated at successively deeper points as the anæsthesia proceeds, even down to and under the periosteum. 4. The anæsthesia seems to continue as long as the circulation in the part is stopped. A practical suggestion in this connection is, that when large quantities of the drug have been used, the circulation in the part should be re-established gradually. One convenient method for this purpose is to leave an elastic band so adjusted as to retard only the subcutaneous venous circulation.

5. In addition to the use of cocaine in cutting operations, it has been found to be of great service for purposes of diagnosis and reduction of fractures and dislocations. In this class of cases the injections must be carried down to the bone, and the use of the tourniquet is desirable. In the cases reported all pain was abolished and no injurious effects resulted. 6. It is desirable to avoid the puncture of large veins. For this purpose the author uses superficial pressure

enough to retard the venous circulation, and then traces the course of the veins with a soft blue pencil.

---

A MANUAL OF SURGERY. *In Treatises by Various Authors. In three volumes. By* FREDERICK TREVES, F.R.C.S., *Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I., General Surgical Affections, The Blood-vessels; The Nerves; The Skin. Vol. II., The Thorax; The Organs of Digestion; The Genito-Urinary Organs. Vol. III., The Organs of Locomotion and of Special Sense; The Respiratory Passages; The Head; The Spine. Duodecimo, 1866 pages, 213 engravings. Philadelphia: LEA BROTHERS & COMPANY, 1886. Chicago: A. C. McCLURG & COMPANY.*

This book is a successful attempt to represent the principles and practice of modern surgery in the form and manner most acceptable to the greatest number of practitioners and medical students. It is "Concerned mainly with the Clinical, Diagnostic and Therapeutic Aspects of Surgery." Thirty-three hospital surgeons of Great Britain and Ireland are the "Various Authors" of the fifty-nine treatises" or monographs of which the "Manual" is composed.

The name of Frederick Treves as editor, who himself writes some of the most important articles, is sufficient guarantee that the work is all that it claims to be. Besides the editor, many of the contributors are also well known writers and clinical teachers, while we find a number of new names in the list. All the articles are of a high order of merit. There seems to have been a special effort through-

out to incorporate and emphasize recently established doctrines and methods.

There are not many illustrations, but what there are are mostly original, and always to the point. The "Manual" is destined to become popular both as a text-book and as a book of reference, and to take rank with the standard works on surgery.

---

A TREATISE ON THE PRACTICE OF MEDICINE. *For the use of Students and Practitioners of Medicine.* By ROBERTS BARTHOLOW, M.A., M.D., LL.D., *Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia, etc., etc.* Sixth Edition, Revised and Enlarged; pp. 990. New York: D. APPLETON & COMPANY. Chicago: A. C. McCLURG & COMPANY. 1886.

In the preface to this edition the author anticipates adverse criticism by announcing, first, that this volume is only one of three which he intends to publish upon the subject of special pathology and therapeutics, and second, that he makes no claim to completeness for his treatment of the various subjects in the book. It is his intention that the treatment of the subjects taken up shall be eminently clinical rather than scientific, and that what he says shall represent his opinions rather than the opinions of other men.

The author says: "In the present edition some new subjects have been introduced, and preliminary chapters have been appended to the chief divisions of the work, to make the study of the diseases of the class more exact."

As a treatise on the practice of medicine the book has two

grave faults. Too little attention is given to the history and pathology of the diseases discussed, and the treatment given represents too exclusively that of the author. And it is hardly enough for him to say in reply that what this book does not contain the other two will. In spite of its faults the book is a fair clinical guide as far as it goes, and the positive nature of the opinions expressed will commend it to some who like to be told just exactly what to prescribe in a given case.

---

THE HEALING OF ARTERIES AFTER LIGATURE IN MAN AND ANIMALS. *By* J. COLLINS WARREN, M.D., *Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital; Member American Surgical Association; Honorary Fellow Philadelphia Academy of Surgery.* One volume, pp. 184, illustrated with twelve full-page plates in black and colors. Parchment-muslin binding. New York: WILLIAM WOOD & COMPANY.

The author claims that this book represents what he has observed in an attempt "to observe not only the behavior of the various tissues concerned in the process of repair, but also the different phases through which the vessel passes from the moment of ligature until the condition is reached after which no further change occurs."

The book is divided into five chapters, viz., History, Experiments on Animals, Human Subject, Closure of the Fœtal Vessels, and Summary. All that the author has to say will be read with interest by pathologists and surgeons, but that which is of greatest interest to the general professional reader is contained in the summary, which is so con-

cisely written as not to permit further condensation. However, mere mention of a few of the conclusions reached will be of interest in this notice of the book. The period of time after ligature to the development of the final scar, varies with different vessels, but in no case was it observed to be less than three months. Another prominent feature observed is the complex nature of the process. Many museum specimens examined had the appearance of union by adhesion, but careful examination did not justify such conclusion. The experiments "seemed to show that the muscular cell is a prominent and essential feature of the arterial cicatrix. The size of the thrombus depends upon *a*, the amount of traumatism, and *b*, the presence of aseptic conditions, it being always present, Senn and Baumgarten to the contrary nevertheless, and large in direct proportion to the amount of traumatism to the artery itself and to the amount of suppuration in the wound. It is probable that an hour or more may elapse before the thrombus has become perceptible to the naked eye.

True progress in the advancement of medical knowledge is made by just such work as this book represents, and the manner and matter of the report is beyond criticism. The paper, printing and binding, and the careful accuracy of the drawing of the illustrations, combine to make the book a very handsome and exceptionally fine volume.

1. MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. *By* CONDUCT W. CUTLER, M.S., M.D. *12mo, pp. 161. New York: G. P. PUTNAM'S SONS. Chicago: A. C. McCLURG & COMPANY. 1886.*
2. LECTURES ON DIETETICS AND DYSPEPSIA. *By* SIR WILLIAM ROBERTS, M.D., F.R.S. *Second Edition. Small 8vo, pp. ix, 92. London: SMITH, ELDER & COMPANY. New York: G. P. PUTNAM'S SONS. Chicago: A. C. McCLURG & COMPANY. 1886.*

1. This little manual follows the plan, adopted in so many of our recent works, of giving the differential diagnostic symptoms in parallel columns. Thus, under the head of diseases of the mouth and throat, we find œdema glottidis differentiated from croup, thoracic aneurism, asthma and retro-pharyngeal abscess. Again, under acute general disease, we find measles compared with variola, scarlet fever, roseola, and typhus.

The teacher will find this little work useful, as by it he may appeal to the eye as well as the ear of the student.

A few minor errors are to be observed, such as "typhus fever," but in the main the work is reliable, having been compiled from the best sources.

2. This little work is fragmentary. The first lecture deals with dietetics in general, and shows extensive reading and careful thought. The fifth lecture is a valuable monograph on the nature, causes and treatment of acid dyspepsia. The three remaining lectures embody the author's views and experiments on the accessory articles of food, tea, coffee, alcohol, etc., and their relation to digestion. His views are in many respects different from those commonly accepted.

They are, however, theoretically correct, and will doubtless stand the test of practical application. The work is a valuable addition to the literature of dietetics.

The addition of the terms "collagenous," "oligopepsia," and "horrification" to our nomenclature may be regarded as of doubtful utility.

---

DICTIONARY OF PRACTICAL SURGERY. *By Various Hospital Surgeons. Edited by* CHRISTOPHER HEATH, F.R.C.S., *Holme Professor of Clinical Surgery in University College, etc., etc.; pp. 1854. Philadelphia: J. B. LIPPINCOTT COMPANY, 1886.*

This book is apparently intended to stand in the same relation to the usual treatise on the principles and practice of surgery in which Quain's Dictionary of Medicine stands to the usual so-called "Practice of Medicine." The editor says that it is intended for the use of men who are too busy to investigate thoroughly the subjects upon which they want information. The surgical affections are described in alphabetical order, except such as it has been found more convenient to group together in a series, as *e. g.*, those of the breast. Abundant cross-references are given. The subjects are treated of in the following order: 1, Cause; 2, Pathology; 3, Symptoms and Diagnosis; 4, Treatment; 5, Prognosis. Each writer has signed his articles and has thus been made responsible for his own statements. The editor has exercised only a general supervision, and has endeavored to exclude crude theories and doubtful practices. There are no illustrations. "The aim of the editor has been to produce a compendium of the practice of British surgery of the present day," and as none of the articles are more than two years old, he thinks that aim has

been fairly attained. In special fields of surgery, as that of the abdomen, for example, the book cannot serve as a complete guide, but for the purpose for which it is intended it is reliable and quite complete. One feature which deserves special mention and commendation is, that many slight ailments which the usual treatise does not mention, but of which a physician frequently wants some additional and reliable information, are carefully and tersely described. The articles on the various skin diseases are a desirable feature and are well written. The book as a whole is, to be strongly commended.

E. W.

---

MASSAGE AS A MODE OF TREATMENT. By WILLIAM MURRELL, M.D., F.R.C.P. 12mo, pp. vi, 78. Philadelphia: P. BLAKISTON, SON & COMPANY. Chicago: W. T. KEENER.

This little volume contains many practical hints on the use of massage, and a perusal of it is well calculated to remove many of the too prevalent errors of the profession, regarding this subject.

It contains an excellent description of the various movements and manipulations employed in using massage, together with suggestions as to the proper choice and necessary qualifications of operators. The portion dealing with the physiological action of massage is defective, and the discussion of the chief therapeutical indications might have been lengthened with advantage.

The work as a whole has considerable value, and those not familiar with the subject can readily obtain from its pages sufficient knowledge to enable them to prescribe this mode of treatment intelligently.

At the close of the work there is an abstract of an article on "Massage and Morals," giving a brief description of some of the methods of the advertising rubber, and reiterating the statement that under no circumstances should a lady or child be treated by any one but a reliable *masseuse*. Those unacquainted with the character of many of the "professors" and "institutes" with which our larger cities are infested cannot be too heedful of this warning. H. N. M.

---

A MANUAL OF MINOR SURGERY AND BANDAGING. *For the Use of House-surgeons, Dressers and Junior Practitioners.* By CHRISTOPHER HEATH, F.R.C.S. *Eighth Edition; pp. 360, 12mo. Philadelphia: P. BLAKISTON, SON & COMPANY. 1886.*

The date of the preface to this edition is July, 1886. In this preface the author makes only two statements, viz., that the book is intended only for beginners, and that he "can only feel flattered," that the book is favorably mentioned in a certain popular novel. The first edition appeared in 1861, and the reader will to-day be as unable as the author apparently is to give a reason for the appearance of this edition. The chapter on antiseptics is enough to condemn the book, which, in the light of modern surgery, cannot fail to do harm whenever it falls into the hands for which it is stated that it is intended, viz., "beginners."

## A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE.

DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE. By AUSTIN FLINT, M.D., LL.D., *late Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in the Bellevue Hospital Medical College, etc. Sixth Edition, revised and largely rewritten by the author, assisted by WILLIAM H. WELCH, M.D., Professor of Pathology in Johns Hopkins University, and AUSTIN FLINT, M.D., LL.D., Professor of Physiology in the Bellevue Hospital Medical College.* pp. 1,160. Philadelphia: LEA BROTHERS & COMPANY, 1886. Chicago: A. C. McCLURG & COMPANY.

It will be a great satisfaction to the admirers of the late Professor Austin Flint, Sr., to know that this edition of his "Practice of Medicine" was revised under his own immediate supervision. Dr. William H. Welch has written the first seven chapters and a large part of the eighth in Part I, and he has also revised and rewritten the description of anatomical characters of the diseases considered in the rest of the volume.

Special attention is called in the preface to the following entirely new articles: Infectious Tumors; Syphilitic Disease of the Lungs; Cerebral Syphilis; General Considerations relating to Inflammatory and Structural Diseases of the Spinal Cord; Spastic Cerebral Paralysis of Children; Hereditary Ataxia; Myxœdema; Multiple Neuritis; General Pathology of Fever and Milk Sickness; "and in nearly every article changes and additions, some of them very important, have been made."

The statement is made that this edition "contains a full consideration of recent discoveries concerning the bacterial origin of various infectious diseases." With Dr. Welch as sponsor for this statement it may be accepted without question.

Five diagrammatic engravings have been introduced in connection with the nervous system. "By careful condensation and rearrangement, and by the rigid omission of obsolete matter, the additions contained in this edition have been accommodated without an increase in the number of pages."

The limits of a mere book notice do not allow a critical consideration of the new matter introduced, and the reputation of the author and his assistant render such consideration unnecessary. The book may be truly considered "the crowning work of his (the author's) long professional life." It may be said to more fairly "represent the existing state of medical science, with respect to those subjects of which it treats," than any other English work. Those physicians who have the fifth edition will want the sixth, and those who have neither ought to have the last.

---

AN ATLAS OF CLINICAL MICROSCOPY. By ALEXANDER PEYER, M.D., *translated and edited by* ALFRED C. GIRARD, M.D. *New York:* D. APPLETON & COMPANY. *Chicago:* JANSEN, McCLURG & COMPANY.

The book has ninety plates, some of the plates having several different sets of figures. The subjects comprise blood, milk, urine, sputum, fæces, vomit, "contents of abdominal tumors," by which he means one plate devoted to an ovarian cyst, "secretion of female sexual organs," and "various micro-organisms provoking disease."

The plates are carefully, sometimes laboriously, drawn, but with a stiffness of hand which shows that the author is not an artist. In many instances, also, they must have been finished

away from the microscope, as shown in the air-bubbles in plate five, which no one would recognize. The text is brief, as such a text should be, but crude and often untrustworthy. For example, one familiar with the subject would not at this day have said, "the relative quantity of the leucocytes to the red corpuscles is 1 to 300" (page 2). Again, the statement that "this form of urethritis [from masturbation] never leads to strictures" (page 102) is not true. See Gross: "Disorders of the Male Sexual Organs."

On the whole, the author has attempted something beyond his strength, but appears to have done his work as well as he could.

The translation is readable, but as a specimen of English is neither elegant nor correct.

The publishers have done their part in good style.

Notwithstanding the faults and deficiencies of the work, it supplies a want, and is worthy of a place in the physician's library.

LESTER CURTIS.

## BOOKS RECEIVED.

---

*How We Treat Wounds Today.* By Robert T. Morris, M.D. New York: G. P. Putnam's Sons. Chicago: A. C. McClurg & Company. Second edition.

*A Treatise of the Principles and Practice of Medicine.* By Austin Flint, M.D., LL.D. Philadelphia: Lea Brothers & Company. Chicago: A. C. McClurg & Company.

*Massage as a Mode of Treatment.* By William Murrell, M.D., F.R.C.P. Philadelphia: C. Blakiston, Son & Company. Chicago: W. T. Keener.

*Transactions of the American Surgical Association.* Volume IV. By J. Ewing Mears, M.D. Philadelphia: P. Blakiston, Son & Company. Chicago: W. T. Keener.

*The Curability of Insanity.* By Pliny Earle, A.M., M.D. Philadelphia: J. B. Lippincott & Company. Chicago: A. C. McClurg & Company.

*The Functions of the Brain.* By David Ferrier, M.D., LL.D. New York: G. P. Putnam's Sons. Chicago: A. C. McClurg & Company.

*A Laboratory Guide in Urinalysis and Toxicology.* By R. A. Witthans, A.M., M.D. New York: William Wood & Company. Chicago: W. T. Keener.

*Eighth Annual Report of the State Board of Health of Illinois.*

*Thirteenth Annual Report of State Board of Health of Michigan.*

*Seventh Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts.*





SUBSCRIPTION PRICE, \$3.00 PER YEAR.

Whole Number, 319.

AUGUST, 1886.

Vol. LIII. Number 2.

THE  
CHICAGO MEDICAL JOURNAL AND EXAMINER

EDITORS:

S. J. JONES, M.D., LL.D.

W. W. JAGGARD, A.M., M.D.

HAROLD N. MOYER, M.D.

COLLABORATORS.

CHICAGO:

PROFESSOR J. A. ALLEN, M. D., LL. D.

PROFESSOR C. FENGER, M. D.

PROFESSOR E. ANDREWS, M. D., LL. D.

PROFESSOR J. N. HYDE, A. M., M. D.

PROFESSOR W. H. BYFORD, A. M., M. D.

PROFESSOR E. F. INGALS, A. M., M.D.

PROFESSOR O. C. DEWOLF, A. M., M. D.

PROFESSOR H. A. JOHNSON, M. D., LL. D.

PROFESSOR E. C. DUDLEY, A. B., M. D.

CHARLES GILMAN SMITH, A. M., M.D.

PROFESSOR J. H. ETHERIDGE, A. M., M. D.

MILWAUKEE, WISCONSIN:

PROFESSOR N. SENN, M. D.

WASHINGTON, D. C.:

S. O. RICHEY, M. D.

UNITED STATES ARMY:

SURGEON, D. L. HUNTINGTON, M. D.

UNITED STATES NAVY:

MEDICAL DIRECTOR, J. M. BROWNE, M. D.

MEDICAL DIRECTOR, A. L. GIHON, A. M., M. D.

PUBLISHED MONTHLY BY

THE CLARK & LONGLEY CO.,

Under direction of

THE CHICAGO MEDICAL PRESS ASSOCIATION,

308-316 DEARBORN STREET.

# CONTENTS.

	Page		Page
<b>ORIGINAL COMMUNICATIONS:</b>		<b>A Case of Pistol-Shot Wound. A. R. Small.....</b>	
Bacillus Tuberculosis. Conclusions. H. D. Schmidt.....	97	179	
Hydrophobia and Imagination. W. H. Forwood.....	125	<b>The Danger in Specialism. A. S. Houghton.....</b>	
Intubation of the Larynx. F. E. Waxham.....	132	181	
<b>EDITORIAL:</b>		<b>DOMESTIC CORRESPONDENCE:</b>	
Impulsive and Partial Insanity.....	144	Hot-Water Baths in Puerperal Peritonitis. F. W. Fitz-Gerald.....	
<b>SOCIETY REPORTS:</b>		183	
<b>CHICAGO GYNÆCOLOGICAL SOCIETY. - Meeting May 28.</b>		<b>ABSTRACT :</b>	
Abdominal Section for Pelvic Abscess.....	146	Recent Progress in Dermatology. H. J. Reynolds.....	
A Case of Supernumerary Digits. D. T. Nelson.....	152	184	
Uterine Fibroids and Ergot. C. T. Parkes.....	153	<b>BOOK REVIEWS:</b>	
Occlusion of the Os Uteri an Impediment to Labour. F. E. Waxham.....	160	Student's Manual of Venereal Diseases. B. Hill and A. Cooper....	
<b>CHICAGO MEDICAL SOCIETY. Meeting June 7.</b>		188	
The Intra-Uterine Steam in Flexions. A. R. Jackson.....	163	Manual of Diseases of the Skin.....	
		188	
		Cutaneous Memoranda. H. G. Piffard.....	
		189	
		Venereal Memoranda. P. A. Morrow.....	
		189	
		Comparative Anatomy and Physiology. F. J. Bell.....	
		190	
		Practical Anatomy. C. Heath.....	
		190	
		<b>BOOKS RECEIVED.....</b>	
		191	
		<b>PAMPHLETS RECEIVED.....</b>	
		192	





---

# LACTOPEPTINE.

---

*The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.*

---

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

---

## LACTOPEPTINE

— IS COMPOUNDED WITH —

**Gentian, Iron, Strychnia, Bismuth, Quinia, Calisaya,  
Cinchona and Phosphates,**

And various medications required in general practice, in the form of  
ELIXIRS, SYRUPS, LIQUID, ETC.

---

### SPECIAL NOTICE TO THE MEDICAL PROFESSION.

Whenever satisfactory results are not obtained from the administration of **LACTOPEPTINE**, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

---

**The New York Pharmacal Association.**

Box 1574.

✉ Send address for our New Medical Almanac, containing valuable information.

## BARRY' CLINICAL THERMOMETER

(self registering) is indorsed by the medical press and medical profession everywhere. It is positively a correct little instrument. He will send it to any address on receipt of price, \$1.25. Please see that his name and date of patent be on each Thermometer. Also his very old ordinary ones, with Yale certificate of correctness, \$2.00.

**JOHN BARRY, Patentee and Maker,**

Please mention this journal.

62 Fulton Street, N. Y.

## University of Louisville.

### MEDICAL DEPARTMENT.

#### The 49th Regular Session

Begins October 12, 1885, and ends March 2, 1886.

#### FEEs.

Matriculation Ticket.....	\$ 5 00
Professor's General Ticket.....	75 00
Dissecting Ticket.....	10 00
Graduation Fee.....	30 00

A preliminary Session, free to all students, begins September 21, 1885, and ends with the opening of the Regular Session.

The SPRING TERM of 1886 (non-graduating) begins March 2, and ends June 1. Fee, \$25.

For Circular containing full particulars, address  
**J. M. BODINE, M. D., Dean,**  
Louisville, Ky.

## MEDICAL DEPARTMENT

OF THE

## UNIVERSITY OF PENNSYLVANIA.

One hundred and twenty-first Annual Session. The attention of students looking to the profession of Medicine is particularly called to this the oldest Medical School in the United States. Recent changes in the curriculum include a prolongation and grading of the course, and the introduction of much laboratory teaching and practical instruction in all the branches of medical science.

For an announcement containing full particulars, address **JAMES TYSON, M.D.,**  
Secretary Faculty of Medicine.  
PHILADELPHIA, PA.

## Minnesota Hospital College.

MINNEAPOLIS, MINN.

## PHYSICIANS PRAISE OUR Handsome well-made Buggy Cases.



Solid Buggy Case, No. 600.—Open.

New Illustrated Price List, with styles of Buggy, Satchel and Pocket Cases, adapted to the requirements of any class of the Medical Profession.

### Obstetric & Gynecological Instrument Bags.



Instrument Bag, No. 830.—Open.

These bags are given the appearance and finish of a first-class travelling bag; are made in various lengths, styles, etc., properly adapted to Physicians' use.

**WESTERN LEATHER MFG CO.**

76 & 78 Wabash Ave., CHICAGO.



Medical College and Hospital combined. Clinical instructions given in same building as school.  
Fees.—Matriculation, \$5. General Ticket, \$50. Spring Term General Ticket, \$25. Board, including light, heat and washing, \$5 per week and upwards.

For circular, etc., address,

**F. A. DUNSMOOR, Dean,**

MINNEAPOLIS, MINN.

**The Largest Physician's Supply House in the World.**

CHARLES TRUAX.

C. W. BASSETT.

**CHARLES TRUAX & CO.**

*81 Randolph Street, Chicago,*

**MANUFACTURING PHARMACISTS**

AND WHOLESALE DEALERS IN

**DRUGS AND SURGICAL INSTRUMENTS.**

**Specialties of Our Own Manufacture :**

**CONCENTRATED LIQUOR PEPSIN**, The Mother Liquid from which Saccharated Pepsin is made.

**FLUID EXTRACTS**, Percolated Cold by Squibbs' Process.

**ELEGANT ELIXIRS**, Pleasant and Reliable Preparations.

**MEDICINAL SYRUPS AND TINCTURES.**

**25 Per Cent. Discount on Surgical Instruments.**

400 Page Cloth-bound Catalogue sent Free, post-paid.

**THE DRAKELEY BED PAN AND DOUCHE.**

The most Convenient, Cleanly and Economical Bed Pan in use.



This Bed Pan and Douche consists of a soft rubber Invalid ring, in the center of which, by means of a double flange, a metal basin is firmly secured. This basin is provided with an outlet of sufficient size to allow the free passage of all fluid discharges, and when used as a vaginal douche an unlimited quantity of liquid may be used at one injection.

The extra pan shown in above cut is used to receive the contents of the rectum, and after use this pan with its contents may easily be removed and cleaned. This latter feature particularly adapts the Drakeley bed pan to hospital use, for by purchasing several extra pans a single outfit may be made to serve the wants of a large number of patients, as the extra pans as fast as used may be placed in covered buckets and all removed and cleaned at once.

The soft rubber cushion affords a comfortable support for the patient, and all danger of soiling either the bedding or clothing is avoided.

**PRICE TO PATIENTS -**

Bed Pan alone,.....	\$5.00.
Bed Pan and Douche (the latter includes a one gallon metal reservoir with suitable tubing and rectal and vaginal pipes), as shown in accompanying cut.....	6.00.
Extra Pans for Bed Pan.....	10.

**CHAS. TRUAX & CO., Manufacturers,**

81 Randolph Street, CHICAGO, ILL.

INTERNATIONAL HEALTH EXHIBITION  
LONDON, 1884.

THE JURY HAVE GRANTED TO

# *Apollinaris*

THE HIGHEST AWARD

Over ALL other Mineral Waters, Natural or Artificial.

*"APOLLINARIS reigns alone among Natural Dietetic Table Waters. Its numerous competitors appear to have, one after another, fallen away."*

BRITISH MEDICAL JOURNAL,  
May 31, 1884.

# *Friedrichshall.*

THE WELL-KNOWN APERIENT MINERAL WATER.

~~~~~

## IMPORTANT NOTICE.

*By reason of an improved method of caption, by which dilution is avoided, FRIEDRICHSHALL WATER will be found now to be of considerably greater strength and efficacy than heretofore.*

The ordinary dose is a large wineglassful (4 ounces). Most efficacious when taken fasting and mixed with an equal quantity of hot water.

*"I know nothing at all equal to Friedrichshall. The LONGER it is taken the SMALLER is the quantity necessary to effect the purpose."*—

Sir HENRY THOMPSON, F. R. C. S., London.

OF ALL DRUGGISTS AND MINERAL WATER DEALERS.

# Fellow's Hypo-Phos-Phites

(SYR: HYPOPHOS: COMP: FELLOWS.)

Contains **THE ESSENTIAL ELEMENTS** to one Animal Organization—Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

The **TONICS**—Quinine and Strychnine;

And the **VITALIZING CONSTITUENT**—Phosphorus;

Combined in the form of a Syrup, with *slight alkaline reaction*.

**IT DIFFERS IN EFFECT FROM ALL OTHERS**, being pleasant in taste, acceptable to the stomach, and harmless under prolonged use.

**IT HAS SUSTAINED A HIGH REPUTATION** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

**ITS CURATIVE PROPERTIES** are largely attributable to Stimulant, Tonic and Nutritive qualities, whereby the various organic functions are recruited.

**IN CASES** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

**ITS ACTION IS PROMPT**, stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

**THE PRESCRIBED DOSE** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of mental and nervous affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellows' Hypophosphites contains 128 doses.

Prepared by **JAMES I. FELLOWS**, Chemist,  
48 VESEY STREET, - NEW YORK.

Circulars and Samples sent to Physicians on Application.

# Western Pennsylvania Medical College

**PITTSBURGH, PENN.**

The Regular Term Opens the first week in October, 1886, and closes the last week in March, 1887. The requirements are fully described in the Announcement, which will be sent to any desiring it. A full corps of Instructors. Special and Unsurpassed Clinical Advantages. Course of instruction complete in all departments, and thoroughly Practical.

**FOURTEEN CLINICAL LECTURES EACH WEEK.**

The College Building, now in construction contiguous to the Western Pennsylvania Hospital, will be, when finished, one of the most commodious and complete in the country.

Fee for General Ticket \$100. For Prospectus, or other information, address either

J. B. MURDOCK, Dean, No. 4232 5th Avenue, Pittsburgh.

W. J. ASDALE, Secy. Faculty, No. 2107 Penn Avenue, Pittsburgh.

# Eclectic Medical College

OF THE CITY OF NEW YORK.

The Session of 1886-87 will begin on the fourth of October and continue six months. For information or catalogue, address

G. W. BOSKOWITZ, M.D., Dean,

111 East Twenty-fifth St., New York City.

OLDEST IN THE SOUTH.

ESTABLISHED 1851.

BEST ADVERTISING IN THE SOUTH.

# The Nashville Journal of Medicine and Surgery.

Edited by C. S. BRIGGS, M. D.

TERMS, \$2.00 PER YEAR,

Invariably in advance.

**FORTY-EIGHT PAGES OF READING MATTER.**

Address Business Communications to

H. A. HASSLOCK, Manager,  
Nashville, Tenn.

# CHICAGO HOSPITAL FOR WOMEN AND CHILDREN.

**New, Commodious, Light and Airy.**

**SANITARY SURROUNDINGS AND APPLIANCES OF THE HIGHEST ORDER.**

**Will Accommodate 80 or More Patients**

Ward, \$5.00 per week. Private rooms, sixteen elegantly furnished, \$10.00 to 30.00 per week, according to attendance of nurses.

A Training School, for the training of nurses, is a desirable feature of the institution. For hospital reports and other information address,

House Physician, Chicago Hospital for Women and Children.

Cor. Adams and Paulina Sts., Chicago, Ill.

DR. MARY H. THOMPSON, Head Surgeon and Gynecologist.

MRS. J. C. HILTON, President Board Managers.

The Best

# --ANTI-SEPTIC--

FOR INTERNAL AND EXTERNAL USE.

## LAMBERT'S LISTERINE

Antiseptic, Prophylactic, Disinfectant, Non-Toxic, Non-Irritant, Non-Escharotic, Absolutely Safe, Agreeable, Scientific, and Strictly Professional,

And equally adapted to internal use and the surgical treatment of all parts of the human body, whether by spray, irrigation, or simple local application,

Listerine comes nearer to an Ideal Antiseptic than any preparation ever presented to the Medical World.

Send for new Formula Book and General Reports establishing its value.

**EXTERNALLY** in Surgery, Obstetrics, Gynecology, Leucorrhœa, Gonorrhœa, and all Mucous Membrane Catarrhs.

**INTERNALLY** in Typhoid and other Fevers, Zymotic Diseases, Diphtheria, Scarlet Fever, Dyspepsia, Dysentery, Diarrhœa, all forms of Cholera, and as a general Prophylactic.

FORMULA AND REPORTS UPON REQUEST.

LAMBERT PHARMACAL CO., 116 OLIVE ST., ST. LOUIS.

The Best

# --ANTI-LITHIC--

FOR THE URIC ACID DIATHESIS.

## LITHIATED HYDRANGEA

Kidney Alternative and Anthilitic.

Reliable, Uniform and Definite.

THE solution and elimination of an excess of uric acid and urates is best attained by an intelligent combination of certain forms of Lithia and a Kidney Alternative.

The ascertained value of Hydrangea in Calculus Complaints and Abnormal Conditions of the Kidneys through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler, and others, and the well-known utility of Lithia in the diseases of the uric acid diathesis, at once justified the therapeutic claims for

### Lambert's Lithiated Hydrangea

when first announced to the Medical Profession, and it is now regarded by Physicians as the best and most soothing Kidney Alternative and Anthilitic Agent yet known in the treatment of Urinary Calculus, Diabetes, Gout, Cystitis, Rheumatism, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations generally.

### THE CANTON

## Gynæcological and Oculist Chair.

A Chair especially constructed for the use of the general practitioner, as well as for specialists in the treatment of diseases of the Eye, Ear, Throat and Chest.

In it are combined all the conveniences of an elegant office chair, operating table and examining chair, especially constructed to meet every want in the treatment of gynæcological cases.

It is *automatic* in its action, adjustable to the various positions necessary for examinations and operations: from those upon the eye, mouth and throat in the sitting, or the chest, abdomen and extremities, in the horizontal, to those upon the pelvic organs, in either Sim's or the back position.

As a speculum chair it secures ease and comfort to the patient, and at the same time gives the operator such perfect control of all the various changes and positions that it robs gynæcology of its usual embarrassment and annoyance.

It stands without rival, and is the only chair from which all positions are obtained from the sitting position, thus avoiding the usual annoyance of lifting the patient about.

NORFOLK, Va., June 10, 1885.

The Canton Surgical Chair Co.:

Having purchased a Canton Surgical Chair about four months ago, I take great pleasure in bearing testimony to its extreme usefulness and great convenience. In its various positions for Surgical and Gynæcological examinations, indeed it fills the bill exactly, and I would not be without one, as it is far superior to any other that I know of. Yours truly, HY SMITH, M.D., Ex-Surgeon U. S. Marine Hospital Service. No. 13 Gray St. Send for Catalogue and Price List

THE

CANTON SURGICAL CHAIR CO.

CANTON, OHIO.



# Bellevue Hospital Medical College, CITY OF NEW YORK.

## SESSIONS OF 1886-87.

The REGULAR SESSION begins on Wednesday, September 22, 1886, and ends about the middle of March, 1887. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon at least two regular courses of lectures is required for graduation.

The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins about the middle of March and continues until the middle of June. During this Session daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and pathology, including the study of the various bacilli. The laboratories are under the direction of Professors JANEWAY and DENNIS, assisted by Drs. HERMAN M. BIGGS, L. J. McNAMARA, and F. GRAUER.

### FACULTY.

ISAAC E. TAYLOR, M.D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

AUSTIN FLINT, M.D., LL.D.,

Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

FORDYCE BARKER, M.D., LL.D.,

Professor of Clinical Midwifery and Diseases of Women.

BENJAMIN W. MCCREADY, M.D.,

Emeritus Professor of Materia Medica and Therapeutics.

EDWARD G. JANEWAY, M.D.,

Professor of the Principles and Practice of Medicine, and Clinical Medicine.

FREDERIC S. DENNIS, M.D.,

Professor of the Principles and Practice of Surgery, and Clinical Surgery.

LEWIS A. SAYRE, M.D.,

Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M.D.,

Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M.D.,

Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

A. A. SMITH, M.D.,

Professor of Materia Medica and Therapeutics, and Clinical Medicine.

JOSEPH D. BRYANT, M.D.,

Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery.

R. OGDEN DOREMUS, M.D., LL.D.,

Professor of Chemistry and Toxicology.

### Professors of Special Departments, Etc.

HENRY D. NOYES, M.D.,

Professor of Ophthalmology and Otology.

EDWARD L. KEYES, M.D.,

Professor of Genito-Urinary Surgery, Syphilology, and Dermatology.

JOHN P. GRAY, M.D., LL.D.,

Professor of Psychological Medicine and Medical Jurisprudence.

J. LEWIS SMITH, M.D.,

Clinical Professor of Diseases of Children.

BEVERLY ROBINSON, M.D.,

Clinical Professor of Medicine.

FRANCKE H. BOSWORTH, M.D.,

Professor of Diseases of the Throat.

CHARLES A. DOREMUS, M.D., Ph.D.,

Professor Adjunct to the Chair of Chemistry and Toxicology.

LEROY M. YALF, M.D.,

Lecturer Adjunct on Diseases of Children.

CHARLES STEEDMAN BULL, M.D.,

Lecturer Adjunct on Ophthalmology and Otology.

HERMANN M. BIGGS, M.D.,

Demonstrator of Anatomy.

### Fees for the Regular Session.

|                                                                                                                                            |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Fees for Tickets to all the Lectures, Clinical and Didactic                                                                                | \$140 00 |
| Fees for Students who have attended two full courses at other Medical Colleges, and or                                                     |          |
| Graduates of other Medical Colleges                                                                                                        | 70 00    |
| Matriculation Fee                                                                                                                          | 5 00     |
| Dissection Fee (including material for Dissection)                                                                                         | 10 00    |
| Fee for the regular course of instruction at the Carnegie Laboratory                                                                       | 10 00    |
| Graduation Fee                                                                                                                             | 30 00    |
| No Fees for Lectures are required of third-course Students who have attended their second course at the Bellevue Hospital Medical College. |          |

### Fees for the Spring Session.

|                                                                                                                                                                          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Matriculation (Ticket valid for the following Winter Session)                                                                                                            | \$ 5 00 |
| Recitations, Clinics and Lectures                                                                                                                                        | 40 00   |
| Dissection (Ticket valid for the following Winter Session)                                                                                                               | 10 00   |
| For the annual Circular and Catalogue, giving requirements for graduation and her information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College. |         |

**SAVORY & MOORE** beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are guaranteed.

# Pancreatic Emulsion

*Prepared in accordance with the direction of the Physician who introduced this Purely*

## MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

**PANCREATIC EMULSION** will always take precedence of Cod Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod Liver Oil nor *Emulsions of Cod Liver Oil* can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the *Saponification* and *ultimate putrefaction* produced by the chemical agents used instead of Pancreatic Juice.

**PANCREATIC EMULSION** (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION OF THE PANCREAS.

**PANCREATIC EMULSION** may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both Pancreatic Emulsion and Cod Liver Oil are *not to be regarded as medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

**PANCREATINE** effects the digestion and assimilation of Cod Liver Oil and Fat, as well as food generally. This palatable and popular remedy is therefore invaluable to *patients who are unable to digest Cod Liver Oil*, and who are thus deprived of its nourishing and invigorating properties.

**PANCREATINE WINE.** An excellent vehicle for taking Cod Liver Oil and promoting the digestion of it.



AS SUPPLIED TO  
**THE ROYAL NURSERIES**  
Of England, Russia, Etc.  
AND CONTAINING THE  
**HIGHEST AMOUNT OF NOURISHMENT**  
IN THE  
MOST DIGESTIBLE AND CONVENIENT FORM.  
THE MOST PERFECT SUBSTITUTE FOR  
HEALTHY MOTHER'S MILK.

## Datura Tatula, for Asthma, Etc.

**A Powerful and Universally Adopted Remedy.**

'By immediate contact with the air cells and passages, instant relief is given.'—DR. LATHAM, Physician to the Queen.

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, &c."—DR. W. BARKER.

"The smoke causes no nausea. I have never known an instance in which relief was not obtained."—GENERAL ALEXANDER.

In Tins, for use by means of a Pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

**SAVORY & MOORE, 141 New Bond Street, London.**

**Agents for America, E. F. WIGGER & CO., New York.**

## A STANDARD PRESCRIPTION.

# THE VIBURNUM COMPOUND of DR. HAYDEN.

The most reliable Antispasmodic known to the profession, and is prescribed and recommended by more physicians in the United States than any other special remedy in the world. During the year 1885 **One Hundred** Registered Physicians in the city of Chicago, Ill., and **Seventy-Five** in St. Louis, gave their certificates to the great value of **THE VIBURNUM COMPOUND** of Dr. Hayden.

It is the remedy **PAR EXCELLENCE** in **Uterine Disorders**, and is specially recommended in **Dysmenorrhœa, Amenorrhœa, Menorrhagia, Spasms, Hysteria, Diarrhœa, Bilious Colic, Cholera Infantum, Cholera Morbus, Cholera, and all Spasmodic Complaints.**

For Hand-Book of illustrative cases, special directions, valuable formulæ, and the references and testimonials of **One Thousand Physicians**, send your address on postal card to the

**New York Pharmaceutical Co.,  
BEDFORD SPRINGS, MASS.**

*Dispensed by all Reliable Apothecaries.*

Please mention the **JOURNAL AND EXAMINER.**

## A NEW AND VALUABLE PRESCRIPTION

—FOR—

Diseases of the Kidneys, Neuralgia, Gout and Rheumatism,

**By W. R. HAYDEN, M. D.,**

*Author of the Formulæ of Hayden's Viburnum Compound and the Pil. Phos.  
Comp., two of the most successful prescriptions of the time.*

# URIC SOLVENT

—AND—

**ANTILITHIC (Hayden's.)**

This preparation is intended to fill a great and urgent need felt among all medical men for an effective and reliable remedy in the derangements and diseases of the kidneys, and complaints arising from their disordered condition by acting as a **URIC SOLVENT**, and neutralizing the excess of urea, which is credited as the cause of Rheumatism, Gout, Neuralgia, and as the principal factor of Diabetes, Bright's Disease, and many other forms of renal disorder.

## THE URIC SOLVENT

of **DR. HAYDEN** has a scientific basis, and is the result of much professional study, experiment, observation and experience.

Medical men can employ the **URIC SOLVENT** with perfect confidence, it being free from all irritating or poisonous constituents, and perfectly safe in the doses recommended.

Dispensed by all reliable apothecaries. Put up in 8 oz. bottles. Prepared exclusively by

**The New York Pharmaceutical Co.,  
BEDFORD SPRINGS, MASS.**

Our Special Circular, Formulæ, Etc., address as above.

## MILWAUKEE SANITARIUM,



**FOR NERVOUS DISEASES.** Located at WAUWATOSA, Milwaukee County, Wis., on the Prairie du Chien Div. of C., M. & St. P. R. R. This Institution is designed for the treatment of all forms of Nervous disorder, especially such as require Rest, Quiet and Seclusion. A lady is employed as Assistant Physician, and special attention is given to the Nervous Disorders of Women. The buildings are cottages, recently erected and located in the midst of an extensive and beautiful park.

For information address,

**DR. J. H. McBRIDE, Superintendent.**

## CHICAGO MEDICAL COLLEGE

(CORNER PRAIRIE AVE. AND TWENTY-SIXTH ST., CHICAGO.)

### Medical Department of the Northwestern University.

SESSION 1885-6.

*N. S. DAVIS, M.D., LL.D., Dean.*

The Collegiate year begins in September, 1886.

The course of instruction is graded, students being divided into first, second and third year classes.

Qualifications for admission are either a degree of A.B., a certificate of a reputable academy or a preliminary examination.

The method of instruction is conspicuously practical, and is applied in the wards of the Mercy, St. Luke's and Michael Reese Hospitals daily at the bed-sides of the sick.

**FEES IN ADVANCE:** Matriculation, \$5.00; Lectures, \$75.00; Demonstrator, \$5.00. Hospitals: Mercy, \$6.00; St. Luke's, \$5.00. Laboratory, \$5.00. Breakage, \$5.00. Final examination, \$30.00, February 1.

#### FACULTY.

H. A. JOHNSON, M.D., LL.D., Emeritus.  
JAMES S. JEWELL, A.M., M.D., Emeritus.  
E. O. F. ROLER, A.M., M.D., Emeritus.

N. S. DAVIS, M.D., LL.D., Dean.  
EDMUND ANDREWS, M.D., LL.D., Treas'r.  
RALPH N. ISHAM, A.M., M.D.  
JOHN H. HOLISTER, A.M., M.D.  
J. J. JONES, M.D., LL.D.  
R. P. HATFIELD, A.M., M.D.  
JOHN H. LONG, Sc. D.  
E. C. DUDLEY, A.B., M.D.  
JOHN E. OWENS, M.D.  
O. C. DeWOLF, A.M., M.D.

WALTER HAY, M.D., LL.D.  
F. C. SCHAEFER, M.D.  
I. N. DANFORTH, A.M., M.D.  
W. E. CASSELBERRY, M.D.  
W. W. JAGGARD, A.M., M.D.  
R. W. BISHOP, A.B., M.D.  
N. S. DAVIS, Jr., A.M., M.D.  
F. S. JOHNSON, A.M., M.D.

#### LECTURERS:

A. G. PAINE, A.M., M.D.  
FRANK BILLINGS, M.D.  
J. S. MARSHALL, M.D.  
W. E. MORGAN, M.D., Demonstrator.

For further information, address

**FRANK BILLINGS, M.D., Secretary,**  
235 STATE STREET, CHICAGO, ILL.

# RIGOLLOT'S MUSTARD PAPER.

Is one of the most important and useful discoveries of the age, but it is not (as certain dealers of bad faith pretend) a preparation that any one can make, for it is not manufactured with a mustard that every one can buy.

# RIGOLLOT'S MUSTARD PAPER.

Is the invention of Mr. P. RIGOLLOT, who is the exclusive owner; it is the only preparation which has been adopted by the civil and military hospitals and the armies and navies of France and England, and which has obtained a medal at the Centennial Exposition at Philadelphia. All other mustard plasters or leaves of whatever name, are but imitations of the original

# RIGOLLOT'S MUSTARD PAPER.

Physicians will find it the most reliable sinapism, prompt and certain in its action, and will therefore always prescribe it. Every sheet in order to be genuine must bear the annexed signature of the inventor,

Sold in tin boxes containing 10 sheets, also 25 and 100 sheets, by all respectable chemists throughout the world.

*P. Rigollot*

## TANRET'S PELLETIERINE.

FOR THE TREATMENT OF TAPE-WORM (*TÆNIA SOLIUM*).

This New Tanfuge, the Active Alkaloid of Pomegranate Bark, has of late come into extensive use in France for the treatment of Tape-Worm (*Tænia Solium*). The results of numerous experiments with it at the Marine Hospitals of Toulon, St. Mandrier, etc., and in the Hospitals of Paris, St. Antoine, La Charité, Necker Beaujon, etc., have all been most satisfactory. Dr. Bujardin Beaumetz, member of the Academy of Medicine, and Prof. Laboulbène, in their report to the Society of Therapeutics, have given it their unqualified approval after the most searching experiments. This preparation is pleasant to administer, and if certain preliminaries are observed success will be assured. Sold only in bottles containing one dose.

## TANRET'S ERGOTININE

ALKALOID and ACTIVE PRINCIPLE OF SPURRED BEE.

This is a well defined Alkaloid that must not be confounded with Ergotinine or other extracts. It is given in doses of from  $\frac{1}{16}$  to  $\frac{1}{8}$  milligramme (1-240th to 1-120th of a grain) in all cases where Ergot is indicated, viz.: Flooding, Post-partum Hemorrhages, Metrorrhagia, etc., etc.

It is put up in the following forms:

SYRUP, containing  $\frac{1}{4}$  milligramme to each teaspoon full; Dose, from one to six teaspoons full per day.

SOLUTION, for hypodermic purposes, containing 1 milligramme to each cubic centimeter; Dose, from 3 to 10 drops.

The Institute of France has awarded one of its prizes to Mr. Chas. Tanret for the discovery of these Alkaloids.

Tanret's Pelletierine and Ergotinine are only prepared by Mr. Chas. Tanret, Laureate of the Institute of France, 64 Rue du Rempart, Paris.

Sole Agents for the United States, E. FOUCHER & CO., 30 North William Street, New York.

Pamphlets on Pelletierine and Ergotinine sent on application.

# PEPTONIZED EXTRACT OF BEEF.

**A Concentrated, Palatable, Easily Assimilated Food  
of the Highest Nutritive Value.**

**CONTAINS ALL THE NUTRITIVE CONSTITUENTS OF BEEF.**

The superiority of this preparation over other extracts of beef depends upon:

1. The large proportion of albuminoids which it contains.
2. The fact that its albuminoid constituents are chiefly in the form of peptones, insuring rapid absorption and ready assimilation.
3. Its appetizing flavor.
4. Its perfect and ready solubility in water.

The uses of such a preparation are obvious. It is a concentrated and at the same time an easily assimilated food, useful in all cases of acute disease where sustaining treatment is indicated, and especially valuable in convalescence and in chronic conditions of inanition or malnutrition, particularly where the functions of the stomach are not well performed.

One part of the Peptonized Extract of Beef may be said to be the equivalent of eight parts of fresh beef. One teaspoonful (about one-half ounce) will make a pint of excellent beef tea.

A like quantity added to a pint of a vegetable soup communicates to it a rich flavor, and converts it into a highly nutritious food.

It may be employed in a still more concentrated form, if desired, but from half an ounce to one ounce of the extract is as much as it is generally advisable to give at one time.

Send for descriptive circulars which will be mailed free on application.

**PARKE, DAVIS & CO.,**

Manufacturing Chemists,

DETROIT, MICHIGAN.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

## SUNNYSIDE. A PRIVATE MEDICAL HOME FOR NERVOUS INVALIDS.

204 Lefferts Place, Brooklyn, N. Y.

This well-known Home, established eight years ago, with handsome furnished apartments, receives a limited number of either sex of **Mental and Nervous Diseases, Dipsomania, and Opium Habit**, and offers to such patients all the attentions, comforts, and attractiveness of a home, together with medical treatment. Application may be made either by mail or personally, or at New York office, 34 W. 33d Street, opposite Grand Hotel, from 12 to 3 daily.

**OPIUM HABIT and DIPSOMANIA** receive special attention, and patients enjoy the strictest privacy.

**EDWARD C. MANN, M.D.,**

Consultation Hours until 11 daily, and after 4 p. m.

*Medical Superintendent.*

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

## PLANTEN'S CAPSULES.

Known as Reliable over 50 Years and for "Gen'l Excellence in Manufacture."

H. PLANTEN & SON (Established 1836), 224 William St., N. Y.

### Hard and Soft Elastic CAPSULES All Kinds Filled.

(9 sizes), 3, 5, 10 and 15 Minims, and 1, 2½, 5, 10 and 15 Grammes.

EMPTY, for Powders, 8 sizes. } CAPSULES, { VAGINAL, 6 sizes.  
" " Liquids, 5 " } TRIAL BOX 25 cts. { RECTAL, 3 "

Horse Ball and Capsules for Mechanical Purposes.

Samples Sent Free. Specify PLANTEN'S on all orders. Sold by all Druggists.

# BLANCARD'S PILLS.

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among physicians and pharmacists. Each Pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *relaxative silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the facsimile of the signature of

**BLANCARD,**

Pharmacien,  
No. 40 Rue Bonaparte, Paris.  
without which none are genuine.

BEWARE OF IMITATIONS.

Agents for the United States, E. FOUGERA & CO., New York.

# DU CRO'S Alimentary Elixir,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEATS.

This preparation, which has been used with great success in the hospitals of Paris, since 1868 is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as PULMONARY PHTHISIS, DEPRESSION AND NERVOUS DEBILITY, ADYNAMIA, MALARIOUS CACHEXIA, ETC.

Prepared by EMILE DURIEZ & CO, Successors to DUCRO & CIE., Paris.

## BELLEVUE PLACE

A HOSPITAL FOR THE INSANE OF THE PRIVATE CLASS.

Established in 1867

FOR THE

Treatment of Nervous and Mental Diseases.

Address

R. J. PATTERSON, M.D., Superintendent,

BATAVIA, ILL.

# PELLETIER'S CAPSULES OF SULPHATE OF QUININE.

Prepared by Messrs. ARMET DEL ISLE & Cie, successors of PELLETIER, DELONDRE & LEVAILLANT, with their Renowned "**QUININE DES TROIS CACHETS.**" These Capsules are very thin, transparent and dissolve easily in the stomach; they contain each 10 centigrams (over 1½ grain English) of the pure Sulphates of Quinine in silky crystals, and are capable of indefinite preservation.

*Sold in Bottles of Ten or Twenty Capsules.*

GENERAL DEPOT: PARIS,

**RIGAUD & DUSART,**

8 Rue Vivienne.

NEW YORK:

**E. FOUGERA & CO.**

Importing Pharmacists

# DR. RABUTEAU'S

(Lawrate of the Institute of France.)

## DRAGEES, ELIXIR, AND SYRUP OF IRON.

"The experiments made in the hospitals of Paris have demonstrated that DR. RABUTEAU'S DRAGEES, ELIXIR, AND SYRUP regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various COMPT-GLOBULES.

"The ferruginous preparations of DR. RABUTEAU do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux*.

DR. RABUTEAU'S ELIXIR is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

DR. RABUTEAU'S SYRUP is especially prepared for children, who take it readily because of its agreeable taste.

A sample of Rabuteau's Dragees will be sent free to any Physician mentioning *The Jour. & Exam.*

Prepared by CLIN & CO.,  
PHARMACISTS, PARIS.

E. FOUGERA & CO.,  
AGENTS FOR THE UNITED STATES

## KIRKWOOD'S INHALER,

This is the only complete, reliable, and effective inhaler in use, arranged for the direct application of Muriate of Ammonia and other remedial Agents in the state of vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

It is entirely different from the various frail, cheap instruments that have been introduced.

KIRKWOOD'S INHALER is accompanied by testimonials of the highest professional character, together with carefully-prepared formulas for use.

Retail Price, complete, \$5.00; Small size, \$2.50.

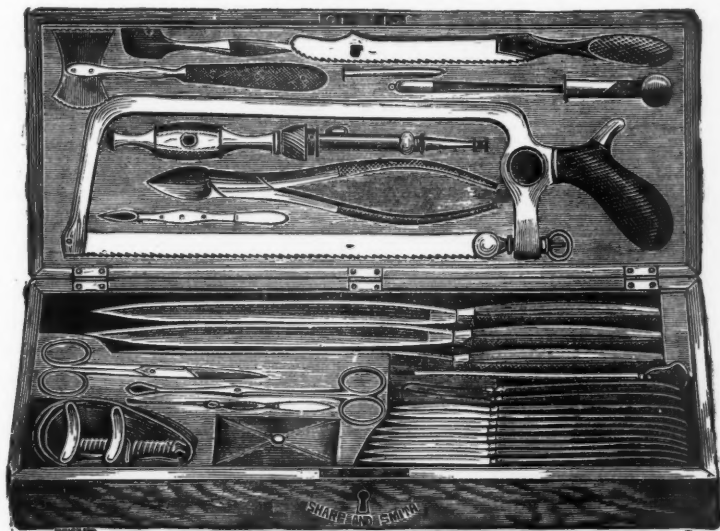
✂ A liberal discount allowed to the trade and profession.

✂ For descriptive pamphlets, or other information, address,

**E. FOUGERA & CO., 30 N. William St. New York.**

**LARGEST SURGICAL INSTRUMENT HOUSE IN THE WEST**

ESTABLISHED 1844.



**SHARP & SMITH,**

Manufacturers, Importers and Wholesale and Retail Dealers in

## SURGICAL INSTRUMENTS.

Apparatus for Deformities, Galvanic Batteries, Elastic Stockings, Trusses, Abdominal Supporters, Hypodermic Syringes, Fever Thermometers, Surgeons' and Invalids' Chairs, Instruments and Batteries repaired, Price List sent on application.

**73 RANDOLPH STREET CHICAGO.**



## RUSH MEDICAL COLLEGE.

The Annual Course of Lectures commences about the last of September, and continue TWENTY-ONE WEEKS.

### FACULTY.

J. ADAMS ALLEN, M.D., LL.D., PRESIDENT, Professor of the Principles and Practice of Medicine.  
 DE LASKIE MILLER, PH.D., M.D., Professor of Obstetrics and Diseases of Children.  
 MOSES GUNN, M.D., LL.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.  
 WM. H. BYFORD, A.M., M.D., Professor of Gynecology.  
 JOSEPH P. ROSS, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest.  
 EDWARD L. HOLMES, A.M., M.D., Professor of Diseases of the Eye and Ear.  
 HENRY M. LYMAN, A.M., M.D., Professor of Physiology and Diseases of the Nervous System.  
 JAMES H. ETHERIDGE, A.M., M.D., SECRETARY, Professor of Materia Medica and Medical Jurisprudence.  
 CHARLES T. PARKES, M.D., Professor of Anatomy.  
 WALTER S. HAINES, M.D., Professor of Chemistry and Toxicology.  
 JAMES NEVINS HYDE, A.M., M.D., Professor of Dermatology and Venereal Diseases.  
 NORMAN BRIDGE, M.D., Professor of Hygiene and Adj. Professor of Principles and Practice of Medicine.  
 TRUMAN H. BROPHY, M.D., D.D.S., Professor of Dental Pathology and Surgery.  
 E. FLETCHER INGALLS, A.M., M.D., Professor of Laryngology.  
 ALBERT B. STRONG, A.M., M.D., Demonstrator of Anatomy.

The Dissecting Room will be kept open during the entire Season.

### FEES:

*Lectures, \$75. Matriculation, \$5. Hospital, \$5.  
 Final Examinations, \$30.*

For further information with reference to the College, address the Secretary

**Dr. JAMES H. ETHERIDGE,**  
 1631 Michigan Avenue, Chicago.

**NOW READY!**

# INSOMNIA: AND OTHER DISORDERS OF SLEEP.

By HENRY M. LYMAN, A. M., M. D.,

Professor of Physiology and of Diseases of the Nerves in Rush Medical College,  
Professor of Theory and Practice of Medicine in the Woman's Medical  
College, Physician to Presbyterian Hospital at Chicago.

## CONTENTS:

I. The Nature and Cause of Sleep. II. Insomnia; or Wakefulness. III. Remedies for Insomnia. IV. Treatment of Insomnia in Particular Diseases. V. Dreams. VI. Somnambulism. VII. Artificial Somnambulism: or Hypnotism.

"Those who would like to acquaint themselves with what Science has to say on these topics, and learn how they are regarded by the wisest students of this age, may turn with profit to the pages of this book. The author is well known not only as a skilled physician and an accomplished teacher, but as one of the most polished writers of the American Medical Press."

—PHILADELPHIA MEDICAL AND SURGICAL REPORTER.

"The author has evidently brought to bear upon the subject extended research and close observation. Inasmuch that there are few medical practitioners who may not find in it much that is both interesting and profitable, that is practical. \* \* \* It is the best work on the subject."

—THE SANITARIAN.

Complete in One Handsome Volume, Fine Muslin, of about 250 Pages.

PRICE. - - - \$1.50.

W. T. KEENER,

Medical Publisher, Importer and Bookseller,

96 WASHINGTON STREET, CHICAGO.

## W. T. KEENER

Invites the Attention of the Profession to His Stock of

### Medical, Dental, Chemical and Pharmaceutical Books,

Which contains the most complete assortment of Medical Books to be found in the United States, embracing the latest and standard AMERICAN, ENGLISH, FRENCH and GERMAN Medical Books of all Schools of Medicine.

### NEW BOOKS.

All American and the leading new English, French and German Medical Books received as soon as Published.

### NEW BOOKS SENT ON APPROVAL

upon terms that will be made known upon application.

✦Best Discounts Allowed. ✦ Catalogues Free.✦

W. T. KEENER,

Medical Publisher, Importer and Bookseller,

96 WASHINGTON STREET, CHICAGO.

# The Woman's Medical College of Chicago.

335 S. Lincoln Street, Opposite the County Hospital.

The regular session begins the **FIRST TUESDAY IN SEPTEMBER**, and continues thirty-one weeks. Clinical advantages unsurpassed.

## FACULTY.

**W. GODFREY DYAS, M.D., F.R.C.S.**  
Professor Emeritus of Theory and Practice of Medicine.

**G. C. PAOLI, M.D.**  
Professor Emeritus of Materia Medica and Therapeutics.

**T. DAVIS FITCH, M.D.**  
Professor Emeritus of Gynecology.

**R. G. BOGUE, M.D.**  
Professor Emeritus of Surgery.

**WM. H. BYFORD, A.M., M.D., PRESIDENT.**  
Professor of Gynecology.

**CHARLES WARRINGTON EARLE, A.M., M.D.,**  
TREASURER.  
Professor of Diseases of Children and Clinical Medicine.

**ISAAC N. DANFORTH, A.M., M.D.**  
Professor of Pathology and of Renal Diseases.

**HENRY M. LYMAN, A.M., M.D.**  
Professor of Theory and Practice of Medicine.

**DANIEL R. BROWER, M.D.**  
Professor of Diseases of the Nervous System, Medical Jurisprudence and Clinical Medicine.

**SARAH HACKETT STEVENSON, M.D.**  
Professor of Obstetrics.

**DAVID W. GRAHAM, A.M., M.D.**  
Professor of Surgery.

**WM. J. MAYNARD, A.M., M.D.**  
Professor of Dermatology.

**WM. T. MONTGOMERY, M.D.**  
Professor of Ophthalmology and Otolary.

**E. FLETCHER INGALLS, A.M., M.D.**  
Professor of Diseases of the Chest and Throat.

**F. L. WADSWORTH, M.D.**  
Professor of Physiology and Histology.  
**MARIE J. MERGLER, M.D., SECRETARY.**  
Professor of Gynecology.

**EUGENE S. TALBOTT, M.D., D.D.S.**  
Professor of Dental Surgery.  
**JEROME H. SALISBURY, A.B., M.D.**  
Professor of Chemistry and Toxicology.

**MARY E. BATES, M.D.**  
Professor of Anatomy.

**MARY H. THOMPSON, M.D.**  
Clinical Professor of Obstetrics and Gynecology at the Hospital for Women and Children.

**J. A. ROBISON, M.D.**  
Lecturer on Materia Medica and Therapeutics.

**JOHN O. HOBBS, M.D.**  
Demonstrator of Anatomy.

## Lecturers and Assistants.

**ROBERT S. HALL, M.D.**  
Clinical Lecturer on Midwifery, and in charge of Outside Obstetrical Department.

**EMMA M. NICHOLS, M.D.**  
Assistant to the Chair of Physiology and Lecturer on Histology.

**HOMER N. THOMAS, M.D.**  
Lecturer on Diseases of the Chest and Throat.

**ELIZA H. ROOT, M.D.**  
Lecturer on Hygiene and State Medicine.

**ANNETTE S. DOBBIN, M.D.**  
Assistant Demonstrator of Anatomy.

For announcements address the Secretary,

**MARIE J. MERGLER, M. D.**

29 N. Throop St., Chicago, Ill.

PROPRIETARY INTEREST



STRICTLY NON-PROFESSIONAL.

## CINCINNATI SANITARIUM.

A Private Hospital for the Insane.

COLLEGE HILL, OHIO.

Ten Years Successful Operation. One Hundred Patients admitted annually. Daily Average Sixty Cottages for Nervous Invalids, Opium Habit, etc. Location Salubrious. Surroundings Delightful. Appliances Ample. Charges Reasonable.

Accessible by Rail; 6 Trains Daily; 40 minutes from C. H. & D. Depot, 5th & Hoadley Sts., Cincinnati.

For Particulars, Address **ORPHEUS EVERTS, M. D., Supt., College Hill, Ohio.**

PARIS, 1867.



Prize Medal.

1868.



Silver Medal.

1872.



Gold Medal.

# Boudault's Pepsine

*And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.*

Since the introduction of Pepsine by Boudault in 1854, **Boudault's Pepsine** has been and is still considered the most reliable, as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1870 at the Centennial Exposition at Philadelphia. Careful tests will enable any one to satisfy himself that *Boudault's Pepsine* has a digestive power at least double that of the best Pepsines in the market, and that it is really the cheapest.

VIENNA, 1873.



Medal of Merit.

It is sold in 1/2, 8 oz., and 16 oz. bottles. Beware of so-called French Pepsines bearing fictitious names. Ask for and take only **Boudault's**.

PHILA. 1876.



Medal of Merit.

**E. FOUGERA & CO., New York, Agents.**

# Scheffer's Pepsin

**SACCHARATED PEPSIN:** Standard Strength of UNITED STATES PHARMACOPEIA, which is, that one part shall digest at least fifty parts of coagulated albumen.

**CONCENTRATED DRY PEPSIN:** One part dissolves four hundred to five hundred parts of coagulated albumen.

**LIQUID PEPSIN:** Standard Strength of U. S. PHARMACOPEIA.

My make of Pepsin has stood the test of years. It has proven its superiority by **NOT BEING DETERIORATED BY AGE**, and by **NOT LOSING ITS STRENGTH**, nor assuming an offensive odor when exposed to the air.

**E. SCHEFFER,**

**LOUISVILLE, KY.**

# BROMIDIA

## THE HYPNOTIC.

### FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure  
Chloral Hydrat. and purified Brom. Pot. and  $\frac{1}{8}$  gr.  
EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

### DOSE.—

One half to one fluid drachm in WATER or SYRUP  
every hour until sleep is produced.

### INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions,  
Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

# PAPINE

## THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

### INDICATIONS.—

Same as Opium or Morphia.

### DOSE.—

ONE FLUID DRACHM represents the Anodyne principle  
of  $\frac{1}{8}$  grain of Morphia.

# IODIA

## THE ALTERNATIVE & UTERINE TONIC.

### FORMULA.—

Iodia is combination of Active Principles obtained from the  
Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains  
five grains IOD-POTAS. and three grains PHOS-IRON.

### DOSE.—

One or two fluid drachms (more or less as indicated) three  
times a day, before meals.

### INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea,  
Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual  
Abortion and General Uterine Debility.

# BATTLE & CO.

CHEMISTS' CORPORATION.

BRANCHES:

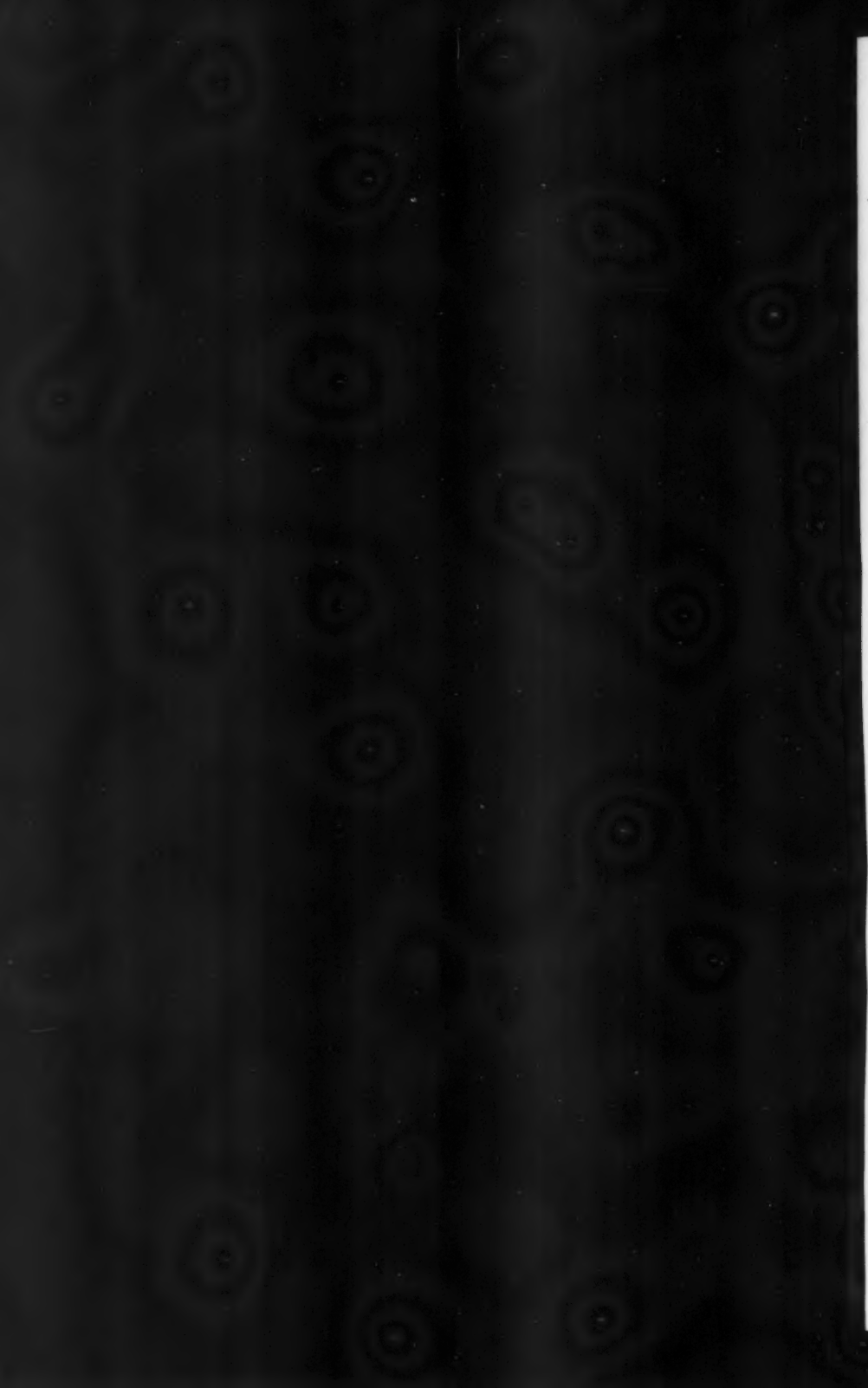
**ST. LOUIS, MO.**

38 Southampton Row, Holborn, London, W. C.

5 Rue De La Paix Paris.

9 and 10 Dalhousie Square, Calcutta.





# NOTABLE POINTS RELATIVE TO LACTATED FOOD.

## IT IS A COOKED FOOD.

By the use of high steam heat the gluten flour used is partially torrefied. This is done while the flour is dry, and during the process it is in constant motion, which insures perfect cooking to every particle.

Routh says (Infant Feeding, page 380) that by this process, "the starch granules are rendered more separable, the gluten is reduced to a more porous condition, readily acted on by the gastric juice, and as an aliment, therefore, is more nutritious and digestible."

## IT IS A PREDIGESTED FOOD.

"You state, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct."

J. MILNER FOTHERGILL.

## IT CONTAINS NO UNCHANGED STARCH.

By the peculiar process of manufacture every particle of the gluten flour is subjected to the action of the malto-diastrase, and by it all the starch contained is transformed into soluble carbohydrates.

Professor CARL SEILER says, "Examination has proved that all the starch granules are converted, as shown by their behavior to polarized light."

## NO CANE SUGAR USED.

The basis of Lactated Food is the pure sugar of milk made by the improved processes of the American Milk Sugar Co. The great value of this article has been shown conclusively. Cane sugar is not used in the composition or preparation of the Food on account of its liability to cause irritation by reason of the acetic fermentation which it creates in the stomach. Milk sugar never causes this fermentation or irritation.

## IT IS NON-IRRITATING.

By reason of the fact that Lactated Food is partially digested in process of preparation it is assimilated by the feeblest stomach, and no undigested particles pass into the bowels to irritate, and thus cause troublesome and dangerous bowel disorders.

## IT IS HIGHLY NUTRITIOUS.

The nutritive elements of Lactated Food are derived from the three great cereals, Wheat, Barley and Oats. From the Wheat is taken the pure gluten, the most nourishing substance known for the muscles and tissues; from the Barley, all the soluble albuminoid and extractive matter resulting from the most careful malting; and from the Oat, the strengthening properties for which it is so well known. The result is a food which never disappoints, and under which the feeble child or invalid rapidly rallies.

## FOR CHOLERA INFANTUM.

It is the chief reliance of many eminent practitioners, and it is the safest food in summer for all young or delicate children.

Another important consideration is its low price, it being much more economical than other foods. We make four sizes, selling for 25 cents, 50 cents, \$1.00 and \$2.50. *A dollar can will furnish one hundred and fifty meals for an infant.*

If any physician that has not yet made a trial of the Lactated Food will write us, we will send a package of our regular size, post paid, without charge, with the understanding that it will be given a careful trial as soon as possible.

We shall use every precaution to maintain the high standard of this Food, and to insure perfect satisfaction to the profession in its use.

WELLS, RICHARDSON & CO.

BURLINGTON, VT.

# UNIVERSITY OF THE CITY OF NEW YORK,

## MEDICAL DEPARTMENT.

410 East Twenty-Sixth Street, opp. Bellevue Hospital, New York City.

FORTY-SIXTH SESSION, 1886-87.

## FACULTY OF MEDICINE.

- REV. JOHN HALL, D.D., LL.D., *Chancellor of the University.*  
 REV. HENRY M. McCracken, D.D., *Vice-Chancellor.*  
 CHARLES INSLEE PARDEE, M.D., *Dean of the Faculty; Professor of Otology.*  
 J. W. S. ARNOLD, M.D., *Professor Emeritus of Physiology and Histology.*  
 ALFRED L. LOOMIS, M.D., LL.D., *Professor of Pathology and Practice of Medicine; Physician to Bellevue Hospital.*  
 WILLIAM H. THOMSON, M.D., LL.D., *Professor of Materia Medica and Therapeutics; Diseases of the Nervous System; Physician to Bellevue Hospital.*  
 J. WILLISTON WRIGHT, M.D., *Professor of Surgery; Surgeon to Bellevue Hospital.*  
 WM. MECKLENBURG POLK, M.D., *Professor of Obstetrics and Diseases of Women and Children; Physician to Bellevue Hospital, and to Emergency Lying-in Hospital.*  
 LEWIS A. STIMSON, M.D., *Professor of Anatomy; Professor of Clinical Surgery; Surgeon to Bellevue and Presbyterian Hospitals.*  
 RUDOLPH A. WITHAUS, M.D., *Professor of Chemistry and Physics.*  
 EDWIN J. BARTLETT, M.D., and WM. G. THOMPSON, M.D., *Lecturers on Physiology.*  
 STEPHEN SMITH, M.D., *Professor of Clinical Surgery; Surgeon to Bellevue Hospital.*  
 A. E. MACDONALD, LL.B., M.D., *Professor of Medical Jurisprudence and Psychological Medicine; General Superintendent of the New York City Asylums for the Insane.*  
 HERMAN KNAPP, M.D., *Professor of Ophthalmology; Surgeon to the New York Ophthalmic and Aural Institute.*  
 FANEUIL D. WEISSE, M.D., *Professor of Practical and Surgical Anatomy; Surgeon to Workhouse Hospital, B. I.*  
 HENRY G. PIFFARD, M.D., *Clinical Professor of Dermatology; Consulting Surgeon to Charity Hospital.*  
 F. R. S. DRAKE, M.D., *Clinical Professor of Medicine; Physician to Bellevue Hospital.*  
 JOSEPH E. WISTERS, M.D., *Clinical Professor of Diseases of Children.*  
 NEWTON M. SHAFFER, M.D., *Clinical Professor of Orthopaedic Surgery; Surgeon to New York Orthopaedic Hospital.*  
 PRINCE A. MORROW, M.D., *Clinical Professor of Venereal Diseases; Surgeon to Charity Hospital.*  
 WILLIAM C. JARVIS, M.D., *Clinical Professor of Laryngology.*  
 LAURENCE JOHNSON, M.D., *Professor of Medical Botany; Visiting Physician to Randall's Island Hospital.*  
 S. C. BLAISDELL, M.D., *Demonstrator of Anatomy.*

THE PRELIMINARY SESSION will begin on Wednesday, September 15, 1886, and end September 29, 1886. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin September 29, 1886, and end about March, 1887. The plan of instruction consists of Didactic and Clinical Lectures, recitations and laboratory work in all subjects in which it is practicable. To put the laboratories on a proper footing a new building has been erected at an expense of forty thousand dollars.

UNIVERSITY BIOLOGICAL AND PATHOLOGICAL LABORATORY.—The Faculty, aided by generous friends, have enlarged the New Laboratory Building and established a Biological and Pathological Laboratory in connection with its Laboratory of Chemistry and Materia Medica. It is furnished with all the apparatus for the study of Bacteriology, and for special lines of investigation.

Two to five Didactic Lectures and two or more Clinical Lectures will be given each day by members of the Faculty. In addition to the ordinary clinics, *special clinical instruction*, WITHOUT ADDITIONAL EXPENSE, will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week in November. At these special clinics students will have excellent opportunities to make and verify diagnoses, and watch the effects of treatment. They will be helped in the Wards of the Hospitals and at the Public and College Dispensaries.

Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening each week. Students are thus enabled to make up for lost lectures and prepare themselves properly for their final examinations without additional expense.

THE SPRING SESSION will begin about the middle of March and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

It is supplementary to the Regular Winter Session. Nine months of continued instruction are thus secured to all students of the University who desire a thorough course.

## FEES.

|                                                            |          |
|------------------------------------------------------------|----------|
| For course of Lectures.....                                | \$140 00 |
| Matriculation.....                                         | 5 00     |
| Demonstrator's Fee, including material for dissection..... | 10 00    |
| Final Examination Fee.....                                 | 30 00    |

For further particulars and circulars address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.





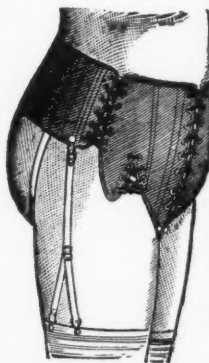
# BOVINE VACCINE VIRUS.

NON-HUMANIZED.

The Virus is guaranteed as absolutely fresh and active, and, in case of primary vaccination should failure occur, a second supply will be sent gratuitously, providing that the Virus used has not been kept on hand for a period exceeding six weeks.

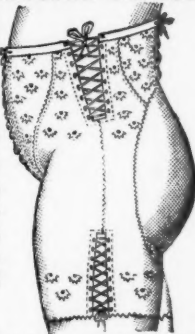
|                                                     |        |
|-----------------------------------------------------|--------|
| Ivory Points, double dipped, 10 in Case.....        | \$1.00 |
| Quills, double dipped, 5 in package.....            | 1.00   |
| Lymph Tubes, large size, each.....                  | 2.00   |
| Crusts, small size, \$1.00; large size, each, ..... | 2.00   |

JOHN RITTER, M. D., 372 West Indiana Street, Chicago, Ill.



## Madam La Chappelle's Reverse Corset

for preventing and overcoming Uterine Diseases. Pre-eminently useful during Pregnancy. Especially adapted to treatment of Functional Derangement. It affords Immediate Satisfaction. Heat and pain throughout the region of the back and pelvis, fullness and dragging down, pro-lapsed bowels, ovarian weakness, troubles of the bladder and attendant reflex troubles of Heart, Brain, Stomach and Liver are relieved by its application. Every one made to order, from glove kid and calf. In measuring give *Exact* size (under all clothing) of waist, abdomen at umbilicus, hips (widest part), thigh and length of waist to pubes. *Measurement must be accurate to ensure perfect fit.* Retail price, with Leggings, \$15; to physicians, \$10; without Leggings, \$12; to physicians, \$8. Send for Circulars and measuring card.



WHITE, WILLIAMS & CO.,  
257 Columbus Ave., Boston, Mass.

Indorsed by celebrated physicians. Used in public and private hospitals. Shown in medical colleges. "No doctor will fail to recommend or furnish them after knowing their value." UNRIVALED IN TREATMENT OF HERNIA. SUPERIOR TO TRUSS.

# SCOTT'S EMULSION

## PURE COD LIVER OIL

WITH  
HYPOPHOSPHITES OF LIME AND SODA.  
PERFECT. PERMANENT. PALATABLE.

### THE STANDARD EMULSION OF COD LIVER OIL.

The ONLY Preparation of its class that will not SEPARATE nor SPOIL in any climate.

IT IS MADE FROM THE PUREST NORWEGIAN COD LIVER OIL, COMBINED WITH CHEMICALLY PURE HYPOPHOSPHITES AND GLYCERINE.

It can be tolerated longer by children and persons with delicate stomachs than any other cod liver oil preparation.

Prescribed and endorsed by the leading physicians in the U. S. and other Countries.

FORMULA 50 per cent. of Pure Cod Liver Oil 6 grs. of the Hypophosphites of Lime, and 3 grs. of the Hypophosphites of Soda to a fluid ounce. Emulsified with Mucilage and Glycerine

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be almost a specific for habitual constipation, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B's Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

SCOTT & BOWNE, Mfg. Chemists, 132 & 134 S. 5th Ave., N. Y.

# CELERINA

**NERVE-TONIC, STIMULANT AND ANTISPASMODIC.**

**FORMULA.**—Every Fluid-Drachm represents FIVE grains EACH — Celery, Coca, Kola, Viburnum and Aromatics.

**INDICATIONS.**—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LAGUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

**DOSE.**—One or two teaspoonfuls three or more times a day, as directed by the Physician.

# ALETIS CORDIAL

**UTERINE TONIC AND RESTORATIVE.**

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

**INDICATIONS.**—Amenorrhea, Dysmenorrhea, Leucorrhoea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

**DOSE.**—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed or Excessive Menstruation  
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO  
THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

# ACID MANNATE

**A MILD, SAFE AND PLEASANT APERIENT.**

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

**INDICATIONS.**—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

**DOSE.**—ONE or MORE teaspoonfuls as directed by the Physician.

# S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

**DARK** A NON-ALCOHOLIC LIQUID. **WHITE**

**A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.**

**INDICATIONS.**—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhoea, and other Vaginal Diseases, Fles, Sores, Ulcers, Burns, Scalds, Gonorrhoea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

# RIO CHEMICAL COMPANY, ST. LOUIS.

LONDON.

PARIS

Samples FREE to any Physician who will pay Express charges, and mention this Journal.

# The Jefferson Medical College

## OF PHILADELPHIA.

THE Sixty-second Session of the Jefferson Medical College will begin on Friday, October 1, 1886, and will continue until the end of March, 1887. Preliminary lectures will be held from Monday, 20th of September.

### PROFESSORS.

J. M. DACOSTA, M. D., LL.D.,  
Practice of Medicine.

ROBERTS BARTHOLOW, M. D. LL.D.,  
Materia Medica, General Therapeutics and Hygiene.

HENRY C. CHAPMAN, M. D.,  
Institutes of Medicine and Medical Jurisprudence.

SAMUEL W. GROSS, M. D.,  
Principles of Surgery and Clinical Surgery.

JOHN H. BRINTON, M. D.,  
Practice of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M. D., LL. D.,  
Obstetrics and Diseases of Women and Children.

J. W. HOLLAND, M. D.,  
Medical Chemistry and Toxicology.

W. S. FORBES, M. D.,  
General, Descriptive and Surgical Anatomy.

WILLIAM THOMSON, M. D.,  
Professor of Ophthalmology.

MORRIS LONGSTRETH, M. D.,  
Lecturer on Pathological Anatomy.

The regular course of lectures by the Faculty embraces the whole medical curriculum. This course is supplemented by the lectures on special topics, and demonstrations of the Spring and Fall terms, respectively.

The Faculty invite the attention of the medical profession and students to their thorough system of practical Laboratory work. To each department of the regular curriculum there is appended a Laboratory Course carried on in large and thoroughly equipped apartments in the College, by specially appointed Demonstrators, under the immediate direction of the Professor. In this way each candidate for the degree of M. D. is immediately and personally taught in Obstetrics and Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Medical Chemistry, Pharmacy, Materia Medica, and Experimental Therapeutics, Physiology, Histology and Experimental Physiology, and Minor Surgery, Bandaging, Operations on the Cadaver, etc., and in the Department of Medicine, "clinical conferences," and practical lessons in Physical Diagnosis. There are, we believe, no corresponding practical courses in any other Medical College in this country—not at least to the same extent, and with the same variety, and constituting a part of the regular curriculum.

This course of instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who have had such instruction, and those who are graduates of other colleges of ten years' standing.

THE SPRING COURSE of Lectures begins early in April and ends in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, **thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.**

**Desirable opportunities are afforded graduates in Medicine for pursuing special courses, and for instruction in the recognized Specialties.**

CLINICAL INSTRUCTION is given *daily* at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, and at the Pennsylvania and other Hospitals, several times a week.

### FEES.

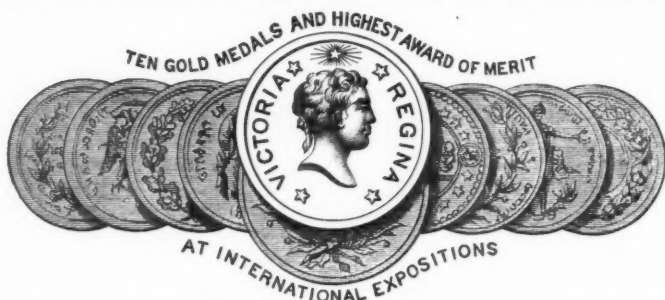
|                                                                                                                                               |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Matriculation Fee (paid once).....                                                                                                            | \$5 00 |
| Ticket for all Branches.....                                                                                                                  | 140 00 |
| Practical Anatomy.....                                                                                                                        | 10 00  |
| Graduation Fee.....                                                                                                                           | 30 00  |
| Fees for a full course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and..... | 70 00  |
| To Graduates of such Colleges, the matriculation fee, and.....                                                                                | 70 00  |
| To Dental Graduates the first course is \$60, and the second is.....                                                                          | 100 00 |
| To Graduates in Pharmacy the general ticket is \$100 for each year.                                                                           |        |

 THERE ARE NO EXTRA FEES.

The Annual Announcement, giving full particulars, will be sent on application to

ROBERTS BARTHOLOW, M. D., Dean.

# MALTINE



**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world. There is no reconstructive that excels Maltine in Phthisis and many wasting Diseases.

**MALTINE**, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

**MALTINE** is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases it is a food which may often be resorted to when at one's wits end and what to do.

Out of 14 trade samples of Malt Extract examined by Messrs. Dunstan & Dimmock, *only three* possessed the power of acting on starch. These brands were **MALTINE**, Corbyn, Stacey & Co.'s Extract, and Keppeler's Malt Extract.

I have subjected "Maltine" and "Trommer's Extract of Malt" to an exact quantitative comparison of their diastatic activity. The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined.

R. H. CHITTENDEN,

Professor of Physiological Chemistry in Yale College.

At the International Health Exhibition held in London, England, the only gold medal and the highest award of merit were given to Maltine by a jury composed of the best chemists in Europe; and recent analyses made by the most reliable authorities in Europe and America prove conclusively that Maltine—in nutritive and diastatic value—is superior to all other Malt preparations now in the market.

**NOTE.**—Physicians will observe that Maltine, as now prepared, is not so viscid as formerly made, being of a more fluid consistency; and, while retaining the nutritive and diastatic value which has given it precedence over all other Extracts of Malt, it is rendered entirely agreeable to the taste of the most fastidious, and is more easily administered. As now prepared we positively guarantee that Maltine will not ferment or congeal in any climate or at any season of the year.

## COMPLETE LIST OF MALTINE PREPARATIONS.

**MALTINE** (Plain).

**MALTINE** with Alteratives.

**MALTINE** with Cod Liver Oil.

**MALTINE** with Hypophosphites.

**MALTINE** with Peptones.

**MALTINE** with Pepsin and Pancreatic.

**MALTINE** with Phosphates, Iron, Quinia, and Strychnia.

**MALTINE** Ferrated.

**MALTO-YERBINE.**

**MATLO-VIBURNIN.**

**MALTINE** with Cascara Sagrada.

Send for Pamphlet giving comparative analyses by twenty of the best Analytical Chemists in this country and Europe.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

**THE MALTINE MAN'F'G CO.,**

*182 Fulton Street, New York.*

LABORATORY—Yonkers-on-Hudson.

# A GOOD RECORD

For the year ending April 1. Between one hundred and two hundred surgical operations have been performed at the Free Hospital for Women supported by the Murdock Liquid Food Co., Boston, without the loss of a single patient, and all restored to usefulness.

## LIQUID FOOD WAS GIVEN BEFORE AND AFTER THE OPERATIONS.

What other hospital that does not use Murdock's Liquid Food can show such a record?

By its use we can build up any patient who is too reduced for an operation, so that not only a safe but successful operation can be made, and in common cases the patient can be made convalescent in three-quarters of the time usually required.



With what we have been and are doing, we shall be able, in our new Free Hospital, that we are now building, corner of Huntington avenue and Camden street, to perform in the Surgical half of the Hospital

# 500

Operations annually. Until then we shall remain in our old home.

The surgical staff at Murdock's Free Hospital for Women, at 30 Leverett street, are in daily attendance to examine patients and assign beds, Saturdays excepted.

Its value in cases where limbs have been broken surprises every physician who has ordered its use, as it restores the broken limbs to health and strength in a few weeks.

## BABIES.

Remember that with feeble infants who do not thrive on their mother's milk or the best prepared foods in the market, **WE REQUEST NO CHANGE OF FOOD**, but add 5 or more drops four times daily of Murdock's Liquid Food, and you will find that their lost or needed vitality will be restored to them in less than thirty days.

Not a case of Cholera Infantum known where Murdock's Liquid Food has been used, nor a death from Cholera Infantum where it has been prescribed by a physician.

Murdock's Liquid Food will assist all classes of chronic cases. It is the only Raw Food in the world. It is free of insoluble matter, and can always be retained by the stomach, and when given for **Injections** it is equally valuable and can always be retained.

Remember all acknowledge the value of Fruits for a patient. We use them in Liquid Food:

- 1st, For their own properties.
- 2d, They relieve the meats of their heating properties, making it safe and valuable in cases of fever, as relapse never follows when used.
- 3d, They preserve our meats, enabling us to offer the only Raw Food known, and it will keep in all climates when not exposed to heat, air or sun.

## TO SUSTAIN OUR CLAIM

We never wish Liquid Food used until all other treatments and foods fail, then the results are quickly seen, generally in twenty-four hours.

From the fact that no two beaves or sheep are alike is the reason of our different brands being different in flavor. All brands are made by the same formula. The letter represents the day of make, and the figure the tank. If richer, it is stronger in smell and flavor, and will bear a greater reduction.

Murdock Liquid Food Co., Boston.

## WHEELER'S TISSUE PHOSPHATES.

Bone-Calcium Phosphate  $\text{Ca}_2 \text{PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2 \text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ .

**Wheeler's Compound Elixir of Phosphates and Calisya.** A Nerve Food and Nutritive Tonic, for the treatment of consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dussart, of the University of Paris, combines with a superior Permatin, Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Medium medicinal doses of Phosphorus, the oxydizing element of the Nerve Centers for the generation of Nerve Force; Lime Phosphate, an agent of cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas; and Corrective of Acid Fermentation in the Alimentary canal; Iron, the Oxydizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisya, Anti-Malarial and Febrifuge; Extract of Wild cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

**The Superiority of the Elixir** consists in uniting with the Phosphates the special properties of the inchina and Prunus, of Subduing Fever and Allaying Irritation of the Mucous Membrane of the Alimentary canal, which adapts it to the successful treatment of Stomach Derangements and all Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Food and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Arteries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychniae of the U. S. Dispensatory may be added, each fluid drachm of the solution to a bottle of the Elixir, making the 64th of a grain to half a fluid ounce, an ordinary dose, a combination of a wide range of usefulness, especially in Dyspeptic Troubles with constipation, in Nervous Debility, and in Chronic Malaria.

**Dose**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age. Prepared at the chemical Laboratory of

**T. S. WHEELER, M. D., Montreal, D. C.**

Please mention this Journal.

Put up in pound bottles and sold by all Druggists at One Dollar.

## Reasons Why Physicians should Subscribe

— FOR THE —

# New York Medical Journal.

EDITED BY FRANK P. FOSTER, M. D.

Published by D. Appleton & Co.,

1, 3 and 5 Bond Street.

1. BECAUSE: It is the leading journal of America and contains more reading matter than any other journal of its class.
2. BECAUSE: It is the exponent of the most advanced scientific medical thought.
3. BECAUSE: Its contributors are among the most learned medical men of this country.
4. BECAUSE: Its "Original Articles" are the results of scientific observation and research, and are of infinite practical value to the general practitioner.
5. BECAUSE: The "Reports on the Progress of Medicine," which are published from time to time, contain the most recent discoveries in the various departments of medicine, and are written by practitioners especially qualified for the purpose.
6. BECAUSE: The column devoted in each number to "Therapeutical Notes" contains a resume of the practical application of the most recent therapeutic novelties.
7. BECAUSE: The Society Proceedings, of which each number contains one or more, are reports of the practical experience of prominent physicians who thus give to the profession the results of certain modes of treatment in given cases.
8. BECAUSE: The Editorial Columns are controlled only by the desire to promote the welfare, honor, and the advancement of the science of medicine, as viewed from a standpoint looking to the best interests of the profession.
9. BECAUSE: Nothing is admitted to its columns that has not some bearing on medicine, or is not possessed of some practical value.
10. BECAUSE: It is published solely in the interests of medicine, and for the upholding of the elevated position occupied by the profession of America.

**Subscription Price, \$5.00 per Annum.**

Volumes begin in January and July.

# A MEDICAL JOURNAL ONE YEAR FREE.

To Physicians who need a Hypodermic Syringe or a Clinical Thermometer.

## The Indiana Medical Journal

Is published once each month at

**ONE DOLLAR A YEAR.**

It contains from 24 to 28 large double column pages of reading matter, divided into the following departments: Original Communications, Correspondence, Editorial, Book Reviews, Selections, Spirit of the Medical Press, and Therapeutic Notes.

If you need a Hypodermic Syringe, remit us \$2.50 and we will send you the

**JOURNAL ONE YEAR AND THE LUTZ HYPODERMIC SYRINGE,**

retail price \$3.00.

If you want an accurate Clinical Thermometer, send us \$2.00 and you will receive the **JOURNAL ONE YEAR AND BARRY'S CLINICAL THERMOMETER.**

Both the above instruments are warranted to give satisfaction.

DR. CHARLES A. EASTMAN, of Red Beach, Maine, writes:

"Your Journal improves with each number and comes to me as one of the best among five first-class journals. The Syringe is entirely satisfactory."

DR. W. A. BOYDEN, of Gibson Station, Indian Territory, writes:

"In regard to your Thermometer, will say that I have used several kinds, including Hicks' best, and consider yours equal to any in accuracy. It is durable and cheap, two important points in the selection of an article so frail as a clinical thermometer."

Circulars describing the above instrument and specimen copies of the Journal will be sent on application.

Address

**DR. FRANK C. FERGUSON,**

Editor Indiana Medical Journal,

19 West Ohio Street, INDIANAPOLIS, IND.

---

## THE ATLANTA Medical and Surgical Journal.

ESTABLISHED IN 1855.

The Journal of the Medical Association  
of Georgia.

THE LEADING MEDICAL JOURNAL IN THE SOUTH.

IT HAS THE LARGEST CIRCULATION OF ANY SOUTHERN JOURNAL.

Subscription Price, \$2.50 a Year.

ADVERTISING RATES AND SAMPLE COPIES FURNISHED ON APPLICATION.

**JAMES A. GRAY, M. D.,** Managing Editor,

P. O. Box 32.

ATLANTA, GEORGIA.

# THE American Journal of Insanity.

THE AMERICAN JOURNAL OF INSANITY is published quarterly, at the State Lunatic Asylum, Utica, N. Y. The first number of each volume is issued in July.

## EDITOR :

JOHN P. GRAY, M. D., LL.D., Medical Superintendent.

## ASSOCIATE EDITORS :

|                                       |                         |
|---------------------------------------|-------------------------|
| G. ALDER BLUMER, M. D., L. R. C. P.,  | } Assistant Physicians. |
| CHARLES W. PILGRIM, M. D.,            |                         |
| OGDEN BACKUS, M. D.,                  |                         |
| CHARLES G. WAGNER, S. B., M.D.,       |                         |
| THEODORE DEECKE, Special Pathologist. |                         |

*Terms of Subscription, Five Dollars per Annum, in Advance.*

Exchanges, Books for Review, and Business Communications may be sent to the Editor directed as follows: "Journal of Insanity, State Lunatic Asylum, Utica, N. Y."

The JOURNAL is now in its forty-second volume. It was established by the late Dr. Brigham, the first Superintendent of the New York State Lunatic Asylum, and after his death edited by Dr. T. Romeyn Beck, author of "Beck's Medical Jurisprudence;" and since 1854, by Dr. John P. Gray and the Medical Staff of the Asylum. It is the oldest journal devoted especially to Insanity, its Treatment, Jurisprudence, etc., and is particularly valuable to the medical and legal professions, and to all interested in the subject of Insanity and Psychological Science.

## NEW ORLEANS Medical and Surgical Journal.

OFFICE: 35 CARONDELET STREET, NEW ORLEANS.

## EDITORIAL STAFF.

A. B. MILES, M. D.,  
GEO. B. LAWRASON, M. D.,  
HENRY DICKSON BRUNS, M. D.,  
JOHN H. BEMISS, M. D.,

F. W. PARHAM, M. D.,  
P. E. ARCHINARD, M. D.,  
A. McSHANE, M. D.,  
E. L. BEMISS, Esq.

## COLLABORATORS.

Prof. T. G. RICHARDSON, N. O.,  
Prof. S. E. CHAILLE, N. O.,  
Prof. E. S. LEWIS, N. O.,  
Dr. SAM'L LOGAN, N. O.,  
Dr. H. D. SCHMIDT, N. O.,  
Dr. J. P. DAVIDSON, N. O.,  
Dr. D. C. HOLLIDAY, N. O.,

Dr. R. MATAS, N. O.,  
Dr. AUGUSTIN REYES, Cuba,  
Dr. R. H. DAY, La.,  
Dr. FAYETTE DUNLAP, Ky.,  
Dr. C. B. LANNEAU, S. C.,  
Dr. GEO. BEN. JOHNSTON, Va.,  
Dr. R. W. WALMSLEY, N. Y.

The oldest Medical Journal in the Southwest. A monthly magazine, each number containing eighty pages of matter devoted to Medical Progress the world over, but especially to the Medical Interests of the South and Southwest.

**SUBSCRIPTION, \$3.00 PER ANNUM.**

Published by the New Orleans Medical Publishing Association,  
P. O. Box 282. E. A. LUMINAIS, Manager.

# MEDICAL BOOKS, PORTRAITS, ETC., ETC.

WM. F. FELL & CO.,

PUBLISHERS OF THE

COLLEGE AND CLINICAL RECORD,

1220, 1222, 1224 Sansom Street,

PHILADELPHIA,

Will receive Orders for the following Publications, etc.

## BOOKS, ETC.

**COLLEGE AND CLINICAL RECORD.** A Monthly Medical Journal. Seventh year.

Two dollars per annum; single copies 20 cents.

**MEDICAL WORKS** of all the best publishing houses. (Send for a complete classified price list, arranged in one Catalogue, according to subjects.)

**HANDBOOK OF DIAGNOSIS, THERAPEUTICS AND DIETETICS.** By

RICHARD J. DUNGLISON, M. D. Cloth, \$3.50; Sheep, \$4.50. (Being the Third Edition, enlarged and thoroughly revised, of the "Practitioners' Reference Book.")

**PROF. PARVIN'S LECTURE ON THE HYGIENE OF THE SEXUAL FUNCTIONS.** 20 cents.

**SCHOOL PHYSIOLOGY AND HYGIENE.** By RICHARD J. DUNGLISON, M. D. (For advanced classes.) \$1.25.

**ELEMENTARY PHYSIOLOGY.** With special reference to Hygiene, Alcohol, and Narcotics. By RICHARD J. DUNGLISON, M. D. 50 cents.

## PORTRAITS.

**STEEL PORTRAIT OF THE LATE J. MARION SIMS, M. D., LL. D.** 25 cents. (Given as a premium to subscribers to the *COLLEGE AND CLINICAL RECORD* for 1886.)

**PHOTOGRAPHS**, from life, of Prominent Medical Men. Price, Cabinets, 50 cents; Cards, 25 cts.

**LIST OF PHOTOGRAPHS FURNISHED ON APPLICATION.**

Address orders to

WM. F. FELL & CO.,

1220-4 Sansom Street, PHILADELPHIA, PA.

**OH, DOCTOR!** Bye the bye (speaking of subscriptions), if you would "combine BUSINESS WITH PLEASURE; if you would like relief from the tedium of the DRY BONES of medical reading; if you would like a little "sugar" in your Journal reading; a little medical news and medical politics along with the strictly scientific features of your Journal; if, in short, you wish to secure a BRIGHT, PROGRESSIVE, FEARLESS AND OUTSPOKEN MEDICAL PUBLICATION which, while it contains a liberal allowance, always, of SCIENTIFIC MATTER pertaining to the profession, in the shape of ORIGINAL COMMUNICATIONS on medical topics, ESSAYS, CLINICAL REPORTS, etc., PITHY EXTRACTS FROM FOREIGN EXCHANGES, selections from home exchanges, (condensed, with comments), NEWSY LETTERS, VIGOROUS AND SPICY EDITORIALS on leading topics of the day in the medical world, together with BOOK REVIEWS AND NOTICES, ITEMS OF NEWS in the medical world, and CRISP EDITORIAL COMMENTS on things in general; in short, a medical journal "as is" a medical journal; one (to use a Texas phrase) which is *similar to something never seen before*; a medical journal that you can read with a relish, and feel better after; one whose coming each month you will look for in eager and pleasing anticipation, send \$2.00 and subscribe for

## Daniel's Texas Medical Journal,

Austin, Texas, for it has a big and growing circulation, and "If there ever was the true ring of honorable medicine it is in DANIEL'S TEXAS MEDICAL JOURNAL. A regular Hotspur of Medical Journalism."—*Florida Med. and Surg. Jour.*

"We have never seen a more handsomely gotten-up Medical Journal."

—*Med. World, Phila.*

"It is a departure from the 'cut and dried' style of journalism, and is as bright and fresh as the most enterprising journal could hope to be."

—*Weekly Sanitary News.*

"We congratulate the editor on the scientific value of its contents."

—*Gaillard's Medical Jour.*

# DETROIT COLLEGE OF MEDICINE.

Incorporated by Act of Legislature, June, 1885, through the consolidation of the DETROIT MEDICAL COLLEGE and the MICHIGAN COLLEGE OF MEDICINE.

CORNER ST. ANTOINE AND CATHERINE STS., AND GRATIOT AVE.

## FACULTY.

THEO. A. MCGRAW, M. D., PRESIDENT.

CHAS. J. LUNDY, M. D., SECRETARY.

WILLIAM BRODIE, M. D.,  
Emeritus Professor of the Principles and  
Practice of Medicine and Clinical  
Medicine.

THEO. A. MCGRAW, M. D.,  
Professor of Principles and Practice of Sur-  
gery and Clinical Surgery.

HENRY F. LYSTER, M. D.,  
Professor of Practice of Medicine and Clinical  
Diseases of the Chest.

N. W. WEBBER, M. D.,  
Professor of Gynecology and Obstetrics.

JAMES B. BOOK, M. D.,  
Professor of Principles and Practice of Sur-  
gery and Clinical Surgery.

H. O. WALKER, M. D.,  
Professor of Orthopaedic Surgery, Genito-  
Urinary Diseases and Clinical Surgery.

WILLIAM C. GUSTIN, M. D.,  
Professor of Obstetrics, Clinical Midwifery  
and Clinical Diseases of Children.

E. L. SHURLY, M. D.,  
Professor of Laryngology and Clinical  
Medicine.

DANIEL LAFERTE, M. D.,  
Professor of Anatomy, Orthopaedic Surgery  
and Clinical Surgery.

J. H. CARSTENS, M. D.,  
Professor of Obstetrics and Clinical Gynaecology.

C. HENRI LEONARD, M. D.,  
Professor of Medical and Surgical Diseases of  
Women, and Clinical Gynecology.

EUGENE SMITH, M. D.,  
Professor of Ophthalmology and Otolary.

CHARLES DOUGLAS, M. D.,  
Professor of Diseases of Children and Clinical  
Medicine.

DAVID INGLIS, M. D.,  
Professor of Mental and Nervous Diseases.

J. E. CLARK, M. D.,  
Professor of General Chemistry and Physics.

A. E. CARRIER, M. D.,  
Professor of Anatomy and Dermatology.

CHARLES C. YEMANS, M. D.,  
Professor of Genito-Urinary Diseases and  
Diseases of the Skin.

E. A. CHAPOTON, M. D.,  
Professor of Principles and Practice of Medi-  
cine.

CHARLES J. LUNDY, M. D.,  
Professor of Diseases of the Eye, Ear and  
Throat.

CHARLES G. JENNINGS, M. D.,  
Professor of Chemistry and Diseases of  
Children.

C. A. DEVENDORF, M. D.,  
Professor of Clinical Obstetrics and the Puer-  
peral Diseases.

F. W. BROWN, M. D.,  
Professor of Histology and Microscopy.

DUNCAN MCLEOD, M. D.,  
Professor of Materia Medica and Therapeutics.

R. A. JAMIESON, M. D.,  
Professor of Materia Medica.

A. B. CHAPIN, M. D.,  
Professor of Principles of Medicine.

GEORGE DUFFIELD, M. D.,  
Professor of Physiology.

F. P. ANDERSON, M. D.,  
Professor of Diseases of the Nervous System.

FITZHUGH EDWARDS, M. D.,  
Professor of State Medicine and Hygiene.

JOHN BOICE, M. D.,  
Lecturer on Minor and Clinical Surgery.

G. S. SHATTUCK, M. D., D. D. S.,  
Lecturer on Dentistry.

J. B. WRIGHT, M. D.,  
Demonstrator of Anatomy.

S. G. MINER, M. D.,  
Lecturer on Physical Diagnosis.

Clinical and Practical Teaching are made an important feature of this College. Clinical Instruction is given daily at HARVEY, ST. MARY'S and ST. LUKE'S HOSPITALS, at the COLLEGE, at COLLEGE EYE and EAR INFIRMARY, ST. MARY'S FREE EYE and EAR INFIRMARY, and at the three FREE DISPENSARIES. The facilities offered by this College are unsurpassed for the practical study of MEDICINE, SURGERY, OBSTETRICS, GYNECOLOGY, DISEASES OF CHILDREN, GENITO-URINARY and ORTHOPAEDIC SURGERY, OPHTHALMOLOGY and OTOLARY, DERMATOLOGY and LARYNGOLOGY.

**SESSION 1886-7. REGULAR SESSION** opens on Wednesday, September 22d and continues six months. During the session the Professors will take special pains to examine the students upon the subjects of the previous lectures.

**FEES.**—Matriculation Fee, \$5; Fees for Regular Session, \$50; Spring Session, \$10; to those who attend the regular term, to all others, \$25; Hospital Fee, \$10; Graduation Fee, \$30. For further particulars, and for College Circular, apply to

**C. J. LUNDY, M. D., Secretary, 52 Lafayette Ave., Detroit, Mich.**

## DUSART'S Syrup and Wine of Lacto-Phosphate of Lime.

The properties of which are scientifically founded on physiological experiments, and have received the sanction of several years' successful trial by the French and English medical profession, as producing durable reconstituent effects in all cases of *Cachexia* or *Adynamia*, when nutrition has been impaired by acute or chronic complaints.

As an article of diet it acts as general excitant of all the nutritive functions, ensures digestion, brings back or increases the appetite, enriches the milk of the mother, and generally improves the vital energies. As a medicament it is chiefly used in convalescence, teething, rickets, and imperfect growth, dyspepsia, various nervous diseases, wounds, fractures, and all complaints of the osseous system.

*Dusart's Syrup of Lacto-Phosphate of Lime and Iron* is a ferruginous medicament specially invaluable for the above cases, when complicated with anæmia.

Dusart's work on the "Physiological and Therapeutic Action of Phosphate of Lime," will be sent free to any physician on application to Messrs. E. FOUGERA & Co.

**Paris : L. Dusart, 8 Rue Vivienne.**

**New York : E. Fougere & Co., Importing Pharmacists.**

## Pelletier's Capsules of Sulphate of Quinine.

These Capsules, manufactured by Messrs. Armet de Lisle & Co., successors to Pelletier, contain ten centigrammes of Sulphate of Quinine, guaranteed by having the name printed upon each Capsule. They dissolve quickly in cold water, do not become hard, like pills, and are taken more easily than wafers.

They are put up in bottles containing 10, 20, 100, 200, 500 and 1,000 Capsules.

**Paris: 8 Rue Vivienne. E. Fougere & Co., New York.**

## CHAPOTEAUT'S PEARLS OF PURE PEPSINE.

The Pepsine used in the manufacture of these pearls is made from the Stomachs of Sheep, and digests 90 times its weight of meat; it is put up in small soluble Capsules, which can be preserved indefinitely. Unlike all other known Pepsine it contains neither starch nor sugar of milk. Two pearls taken after meals are sufficient to insure the digestion of food in 15 minutes, and remove Headache, Sleepiness, etc., which are the usual accompaniments of indigestion.

**Chapoteaut, Phar. Chemist, 8 Rue Vivienne, Paris.  
E. Fougere & Co., 30 N. William Street, New York.**

## CHAPOTEAUT'S WINE OF PEPTONE.

The Peptone used in the preparation of this Wine is obtained by the action of Sheep Pepsine on Beef of the best quality. Being pure and neutral it is entirely assimilable, containing neither Glucose, Albumen nor Chloride of Sodium; for this reason it is the only preparation used in the laboratory of M. Pasteur for the culture of microscopic liquids. Each wineglassful of Chapoteaut's Wine contains the Peptone of ten grammes of Beef, and has, besides, the digestive properties of Pepsine. It may be used for the following cases: Anæmia, Dyspepsia, Debility, Distaste of Food, Inaction of the Digestive Organs, Convalescence, Alimentation for Wet Nurses, Children and the Aged; Phthisis, Persons Weakened by Fever, Dysentery, and by patients having been operated upon for Cancerous Affections.

DOSE.—One or two small wineglassfuls after meals.

**Depots: Chapoteaut, 8 Rue Vivienne, Paris.  
E. Fougere & Co., 30 N. William Street, New York.**

## MIDY'S SANTAL.

Midy's Essence of Santal is used with success in place of Copaiba and Cubebs, being harmless, even in large doses. No matter what the color or amount of the secretion may be, the discharges are reduced and relief is obtained in forty-eight hours. No unpleasant effect is caused by its use, such as diarrhoea, eructations or indigestion, and not giving to the urine any odor. In cases of Inflammation of the Bladder it acts rapidly, and in two or three days the bloody emission is suppressed; it is used with success in Chronic Catarrh, rendering the urine clear at once.

**Depots: Midy, Chemist, 110 Faubourg St., Honore, Paris.  
E. Fougere & Co., 30 N. William St., New York.**

## GRIMAULT & CO'S IODIZED SYRUP OF HORSE RADISH.

The Syrup of Iodized Horse Radish is used in France on a large scale as a substitute for Cod Liver Oil. It is prepared from juices of anti-scorbutic plants. Each tablespoonful contains one and a half grains of Iodine so intimately combined as to be insensible to the action of starch.

**Grimault & Co., Pharmacists, 8 Rue Vivienne, Paris.  
E. Fougere & Co., New York.**

# The Medical Analectic,

*A MONTHLY PERISCOPIC SUMMARY OF THE PROGRESS OF MEDICAL SCIENCE.*

---

**Edited by R. W. Amidon, A. M., M. D**

---

THE MEDICAL ANALECTIC is planned to meet an increasing requirement on the part of busy practitioners for a frequent analysis and classification of the large mass of material of practical import scattered throughout current medical literature.

This literature, in the English language alone, has become so voluminous that most practitioners have insufficient time to find even what they should read.

With a view to making the ANALECTIC more comprehensive in the future, arrangements have been completed which will promptly place at the Editor's disposal, in addition to English, Colonial and American journals, the best productions of French, German and Italian writers, from which free translations or short abstracts will be given according to the importance of the subjects.

For the present no material change will be made in the general classification or presentation of the subject-matter. The Editor has in plan, however, certain modifications, which will, he believes, elevate the standard of the publication and which will also enhance the value to its readers. He proposes, namely, the occasional introduction of complete articles or extended abstracts when these are of special significance, and also the occasional presentation of a "critical review" of a subject of general interest and vital importance.

With these improvements, and with all needed facilities at his command, and with adequate experience of the requirements of practitioners, the Editor feels warranted in believing that he can make the ANALECTIC a most valuable repository of medical news.

The ANALECTIC is handsomely printed in double column, octavo form.

A specimen copy will be forwarded to any address upon application.

Subscription price, per year, \$2.50, in advance. Postage free.

Price per number, 25 cents.

Physicians forming a club or society will receive five copies of the ANALECTIC, to one address, by forwarding to us \$10.00.

---

**G. P. PUTNAM'S SONS, Publishers,**

*27 and 29 West 23d Street, New York.*

*27 King William Street, Strand, London.*

# The American Practitioner and News.

A BI-WEEKLY JOURNAL OF MEDICINE AND SURGERY.

JOHN P. MORTON & CO., - Publishers.

SUBSCRIPTION \$3.00 A YEAR.

THE AMERICAN PRACTITIONER AND NEWS is a handsome octavo journal of thirty-two pages, and is issued every other Saturday. For each year it composes two large volumes, amounting in all to eight hundred and thirty-two pages. Each number contains valuable original papers, correspondence, book reviews, lectures, and clinical reports, proceedings of societies, miscellany, editorial articles, and items of medical news.

Arrangements have been made for translations of the choicest matter of all the principal foreign journals, made expressly for the PRACTITIONER AND NEWS, thus enabling its readers to keep thoroughly abreast with medical progress in all countries. Subscribers will find that, in the course of twenty-six issues, it leaves no question of professional interest untouched, and that they receive an amount of live reading matter not obtainable, for the same price, through any other periodical.

THE PRACTITIONER AND NEWS is edited by David W. Yandell, M. D., Professor of Surgery in the University of Louisville, and H. A. Cottell, M. D., Professor of Chemistry in the University of Louisville. The names of these gentlemen are a sufficient guarantee that the journal will be conducted solely in the interests of legitimate medicine. The editorial columns will contain comments upon topics of general professional interest, and no effort will be spared to make it eminently a practitioner's journal.

Contributions in the form of essays, reports of cases, and correspondence upon topics of interest to the profession are respectfully solicited, and attention will be given to the answering of such inquiries as may seem of general interest to its readers.

The frequently-recurring issues of a bi-weekly journal make it necessary that its contents shall have a character differing from that of a monthly in several important particulars. The articles of the PRACTITIONER AND NEWS are in the main brief and carefully winnowed of matter not useful to the practical physician or surgeon, while it presents him, through its selections, miscellany, correspondence, and translations, with the latest views, improvements, and discoveries in medicine, tempered by the mature thought of the professional mind.

For subscription, specimen copies, and for advertising space address the publishers.

JOHN P. MORTON & CO.,

440 to 446 West Main St., Louisville, Ky.

## The American Pharmacist.

A NEW ILLUSTRATED MONTHLY JOURNAL.

Published in the Interests of Pharmacy.

Contains interesting and practical articles on Pharmaceutical matters, Biographies of prominent Pharmacists, Notes and News pertaining to the Trade, and Original Articles by our best writers.

Subscription Price, \$1.00 Per Year.

As an inducement to the Trade to subscribe, we offer to send, postage paid, upon receipt of one dollar for one year's subscription to the AMERICAN PHARMACIST, either of the following articles: 1/2 dozen Belladonna Porous Plasters. 1/2 dozen Capsicum Porous Plasters. 1 dozen Porous Plasters. 1 dozen cases Cube Cigarettes, 10 in case. 3 dozen packages Court Plaster, 3 colors in each package. 1/2 dozen Four Row Tooth Brushes, wax back, assorted styles, nicely packed. 1/2 dozen pure Menthol Pencils, 25 cent size. Any of the above articles will sell for more than the price of the PHARMACIST, and by taking immediate advantage of our offer, you secure the paper one year free, and make, besides, a profit on your goods.

MUCH PLEASED.

*Editor Pharmacist:*—I have received December number of AMERICAN PHARMACIST, and am very much pleased with it. Enclosed please find \$1 for one year's subscription. SELDON, Dakota.  
C. E. COLE.

JUSTLY PROUD.

*Pub. American Pharmacist:*—Accept my compliments for the contents and appearance of THE AMERICAN PHARMACIST. Michigan pharmacists may be justly proud of it. Enclosed find \$1 for a year's subscription. SAGINAW, Mich.  
E. RINGLEY.

LIKES IT VERY MUCH.

*Editor Pharmacist:*—I have had a copy of THE PHARMACIST and like it very much, and think every druggist in the State should help support so necessary an article. Enclosed you will find order for one dollar, for one year's subscription. Very respectfully, OXFORD, Mich.  
C. H. PARKER.

"A HANDSOME MAGAZINE."

The first number of the new monthly, *The American Pharmacist*, appeared yesterday. It is a handsome magazine of thirty-two pages, full of matter of decided interest to pharmacists and gentlemen of kindred interests. Its matter has less of burdensome technicality than is commonly found in such publications. Charles Wright is publisher.—*Detroit Free Press*.

Address,

AMERICAN PHARMACIST,

15 Jefferson Ave., Detroit, Mich.

# Philadelphia College of Pharmacy,

No. 145 North Tenth Street,

SIXTY-SIXTH SESSION, 1886-87.

FACULTY: JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany; JOSEPH P. REMINGTON, Ph. G., Professor of Theory and Practice of Pharmacy; SAMUEL P. SADTLER, Ph. D., Professor of Chemistry; HENRY TRIMBLE, Ph. G., Professor of Analytical Chemistry.

The Lectures of the regular course of instruction in this College will begin **FRIDAY, OCTOBER 1, 1886**, and will terminate about March 1, 1887. FEES: Matriculation (paid once), \$5.00. Lecture Tickets, \$36.00. Three Free Scholarships will be granted during each session. A full sketch of the scope and character of the instruction may be seen in the announcements, which will be freely furnished on application to the Actuary, THOS. S. WIEGAND, or either of the Professors.

## American Journal of Pharmacy.

PUBLISHED BY AUTHORITY OF THE

*Philadelphia College of Pharmacy.*

Edited by JOHN M. MAISCH.

This journal is devoted to the advancement of Pharmaceutical Knowledge and to the advocacy of a more Thorough Education and Practical Training for all persons engaged in preparing and dispensing medicines, drugs and chemicals. The oldest Pharmaceutical journal published in the United States, being now in its 58th volume, and merits the support of all Druggists and Physicians.

Published monthly in numbers of not less than 48 pages.

Price, \$3.00 per Annum, in Advance. Single Numbers, 30 Cents.

Address all papers for publication, etc., to the Editor, JOHN M. MAISCH. All communications relating to subscriptions, advertisements, etc., to the Business Editor, H. H. WOLLE, 143 North 10th Street, Philadelphia, Pa.

## Boylston Medical Prize Questions.

April, 1887.

I. On the Identification of Human Blood in suspected stains. Prize, \$300.

II. Original investigations on the Pathology of so called Uraemic Symptoms. Prize, \$300.

April, 1888.

I. The Result of Original work on Anatomy, Physiology or Pathology. The subject to be chosen by the writer. Prize, \$450.

II. Pneumonia in its relation to Diseases of the Nervous System. Prize, \$150.

\* For further particulars address

W. F. WHITNEY, M. D., Sec'y,  
Harvard Medical School, Boston, Mass.

## College of Physicians and Surgeons OF CHICAGO.

The Regular Session of this Institution will commence September 21st, 1886, and continue twenty-four weeks.

There will also be a Spring Course.

A graded course of instruction, covering two or more Winter Sessions.

The College building (directly opposite the Cook County Hospital) is one of the most complete and elaborate edifices devoted to medical teaching in this country.

Fees.—Matriculation, \$5. General Ticket, \$60.

Announcements containing full information sent on application. Address

DR. D. A. K. STEELE, Secretary,

1801 State St., Chicago.

## UNIVERSITY OF MICHIGAN.

Department of Medicine and  
Surgery.

Thirty-sixth Year, commencing  
October 1, 1885.

The course of instruction now comprises three collegiate years of nine months each. Attendance compulsory. Examination for admission required. Women admitted.

FEES.—For the first year, residents of Michigan, \$35; non-residents, \$60. For each subsequent year, residents of Michigan, \$25; non-residents, \$35. Graduation Fee, for all alike, \$10.

Circular and Catalogue, with full details, sent on application.

A. B. PALMER, M.D., Dean,

Ann Arbor, Michigan.

# Liquid Peptonoids with Coca.

(DIGESTED BEEF, MILK AND GLUTEN WITH COCA.)

*Each fluid ounce contains the medium quantity usually taken of Powdered Beef Peptonoids (rendered wholly soluble by digestion) combined with 30 grains of Coca.*

There is no question of the great value of Coca as a stimulant in many diseases, but whenever it is used alone there must be a corresponding reaction. If the brain and muscles are stimulated there must be a waste of tissue, and this waste must be repaired by assimilation and reconstruction, which can only take place by rest and nutrients.

Acting upon this theory, we combined Coca with our **Liquid Peptonoids**, and placed it in the hands of a number of leading practitioners for careful trial, believing that the Beef, Gluten and Milk in Liquid Peptonoids, being perfectly digested, and ready for immediate absorption, would resupply the waste so quickly, that no reaction from the stimulating properties would occur.

The results of these repeated trials have confirmed our belief.

*Liquid Peptonoids with Coca is put up in 16-oz. bottles retailing at \$1.00 each. We will send one bottle gratuitously, for trial, to any physician who will pay carriage.*

## BEEF PEPTONIDS.

The Nutritive Constituents of Beef and Milk with Gluten.

☞ Each ounce of Powder represents 10 ounces of Beef, Wheat and Milk. ☞

Received the only Gold Medal and Highest Award at the International Health Exhibition, London, 1884.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with."—Prof. JOHN ATTFIELD.

"If a medical man desires to give an invalid or convalescent a preparation by the use of which the formation of flesh and blood is to be promoted and vigor infused into a patient, *Beef Peptonoids* for this purpose stands first and foremost amongst all the preparations I have examined."

Dr. A. STUTZER,

Director of the Chemical Test Laboratory and the Food Testing Office for Rhenish Prussia.

Also in form of Liquid Peptonoids, and Peptonoids, Iron and Wine.

## CARNRICK'S SOLUBLE FOOD.

The only food that closely resembles the constituents of mother's milk, and is as easily digested, the casein being rendered soluble by partial pre-digestion and will not coagulate or form curds in the stomach of the child.

"In my opinion **Carnrick's Soluble Food** is much better for nourishing children than any other infants' food I have ever seen."

Dr. A. STUTZER,

Director of the Chemical Test Laboratory and the Food Testing Office for Rhenish Prussia.

**REED & CARNRICK, New York.**



## Dr. McIntosh's UTERINE SUPPORTER.

No Instrument has ever been placed before the  
Medical Profession which has given such  
Universal Satisfaction.

*EVERY INDICATION OF UTERINE DISPLACEMENTS* is met by this combination; Prolapsus, Anteversion, Retroversion and Flexions are overcome by this instrument, when others fail. This is proven by the fact that since its introduction to the Profession it has come into more general use than all other instruments combined.

*UNION OF EXTERNAL AND INTERNAL SUPPORT.*—The abdomen is held up by the broad morocco leather belt with concave front and elastic straps to buckle around the hips. The Uterine Supporter is a cup and stem made of highly polished hard rubber, very light and durable, shaped to fit the neck of the womb, with opening for the secretions to pass out, as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

*ADAPTABILITY TO VARYING POSITIONS OF THE BODY.*—The cup and stem are suspended from the belt by two soft elastic Rubber Tubes which are fastened to the front of the belt by simple loops, pass down and through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

*SELF-ADJUSTING.*—One of the many reasons which recommend this Supporter to the Physician is that it is self adjusting. The Physician after applying it need have no fear that he will be called in haste to remove or readjust it, (as is often the case with rings and various pessaries held in position by pressure against the vaginal wall,) as the patient can remove it at will, and replace it without assistance.

It can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the womb, and is used by the leading Physicians with unfailing success, even in the most difficult cases.

**Our Reduced Price to Physicians is \$5.00 Each; to Patients, \$10.00.**

Instruments sent by mail at our risk, on receipt of price; or we can send by express, C. O. D., and collect return express on the money.



**CAUTION.**—We call particular attention of Physicians to the fact, that unscrupulous parties are manufacturing a worthless imitation of this Supporter, and some dishonest dealers, for the sake of gain, are trying to sell them, knowing they are deceiving both Physician and patient.

**PERSONS RECEIVING A SUPPORTER.**  
will find, if it is genuine, the directions pasted in the cover of the box, with the head-line "DR. L. D. MCINTOSH'S UTERINE SUPPORTER"; a cut on the right, showing the Supporter and on the left its application, also the Fac Simile Signature of DR. L. D. MCINTOSH; Each pad of the abdominal belt is stamped in gilt letters, DR. MCINTOSH'S UTERINE SUPPORTER CO. CHICAGO, ILL. Each box also contains our pamphlet on "DISPLACEMENTS OF THE WOMB," and an extra pair of RUBBER TUBES.

**DR. MCINTOSH UTERINE SUPPORTER CO.,  
300 DEARBORN STREET, CHICAGO, ILL.**

Our valuable pamphlet "Some Practical Facts about Displacements of the Womb," will be sent you free on application.





# McINTOSH GALVANIC AND FARADIC BATTERY CO.

MANUFACTURERS OF THE CELEBRATED

## McIntosh Combined Galvanic and Faradic Batteries.

Table, Office and Family Batteries, Electrodes, Electric Bath Apparatus, Static Electric Machines, Stereopticons and Microscopes,

AND ALL KINDS OF

### PHILOSOPHICAL ELECTRICAL APPARATUS.

Schools, Colleges, Physicians or Hospitals wanting new Apparatus, will do well to favor us with correspondence and obtain estimates.

We would call the Special Attention of the Medical Profession to our

### COMBINED GALVANIC AND FARADIC BATTERIES



These Batteries have been adopted by the United States Government for use in Medical department of the Army and Navy. They are

**The First and Only PORTABLE BATTERIES** ever invented which give both the **GALVANIC** and **FARADIC CURRENT**.

**TWO DISTINCT BATTERIES IN ONE CASE.**

**No Physician can afford to be without one.**

This celebrated Battery is constructed on an improved plan. The zincs and carbons are fastened to hard rubber plates in sections of six each. The cells are composed of one piece of hard rubber, and are made in sections of six each, with a drip cup; thus one section can be handled, emptied and cleaned as easily and quickly as one cell. The drip-cup is to receive the elements when the battery is not in use. The fluid cannot spill or run between the cells, and there is no danger of breaking as with glass cells. This is the only battery in which the zinc and carbon plates can be kept clean and always in order by simply rinsing them.

An extra large cell (with a zinc and carbon element) is added to the combined batteries for the purpose of producing the Faradic current. This cell gives as much force as is ever needed, and avoids exhausting the current from the galvanic cells. All the metal work is finely nickel-plated and highly polished, and every part is put together so that it can be easily replaced by the operator. Our batteries weigh less, occupy less space, give a current of greater intensity and quantity than any other battery manufactured.

Our Illustrated Catalogue, a handsome book giving full description of all our goods, and other valuable information, sent free on application.

**McINTOSH GALVANIC AND FARADIC BATTERY CO.,**

**300 AND 302 DEARBORN STREET, CHICAGO, ILL.**

# PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK)

## NERVE AND BRAIN SEDATIVE.

Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

### USES:

**EPILEPSY, AND ALL CONGESTIVE,  
CONVULSIVE, SPASMODIC,  
AND  
REFLEX NEUROSES.**

### DOSE:

*One to two FLUID drachms, in WATER, three or more times a day.*

#### WM. B. HAZARD, M. D.

Professor of Principles and Practice of Medicine  
and of Clinical Medicine, St. Louis College  
of Physicians and Surgeons; Formerly  
Superintendent and Physician to the  
St. Louis Insane Asylum, etc.

No. 1 South Twenty-third Street, St. Louis.

To secure uniformity in purity, in therapeutic power, in composition, and in moderate cost to the patient, I have been recently prescribing, almost exclusively, an elegant preparation known as Peacock's Bromides. I have always found it to possess the characteristics named. As its composition is well known to the profession, and the manufacturers of known integrity, I take pleasure in warmly commending it to my brother practitioners.

#### E. M. HALE, M. D.

65 Twenty-second Street, Chicago, Ill.

I find Peacock's Bromides to be the best form to use bromides. It does not cause acne or other bromide eruptions, and is generally well borne by the most delicate stomach.

#### R. N. DISBROW, M. D.

143 E. Eighty-third Street, New York.

I have used Peacock's Bromides with success in several cases of epilepsy, and in one case of infantile convulsions, in which it seemed to act better than any other remedy I ever used.

#### H. JUNGE, M. D.

648 Third Street, Milwaukee, Wis.

Peacock's Bromides is an excellent anti-convulsive. Have used it in irritation of the brain in plethoric subjects with fine results.

#### J. W. SCHOOLEY, M. D.

509 Washington Avenue, Minneapolis, Minn.

I have used Peacock's Bromides with the greatest satisfaction, and prescribe it regularly in all cases requiring bromides. It is reliable and deserves the confidence of the profession.

#### R. L. WALSTON, M. D.

Decatur, Ill.

I have used Peacock's Bromides with the highest satisfaction. The unpleasant symptoms of brominism do not follow as in the administration of bromide potassium.

#### W. R. SANDERS, M. D.

Uxbridge, Mass.

I have given Peacock's Bromides a severe trial, and in every instance it has given me entire satisfaction.

#### WM. H. WHITLEY, A. M., M. D.

251 Straight Street, Paterson, N. J.

I have used Peacock's Bromides in epilepsy, and in fact in all cases where bromides are indicated, and must frankly say I am more than pleased with this preparation.


#### HARVEY BUHRMAN, M. D.

Foxville, Md.

Peacock's Bromides is all that is claimed for it, and I consider it the most reliable preparation I have ever used during a practice of over twenty-three years. I have given it a fair trial and such is the result of my experience.

### CAUTION.

The popularity of "Peacock's Bromides" has caused several parties to claim that they can put it up "just as good." THIS IS NOT TRUE. No mere simple combination of Bromide Salts is AT ALL COMPARABLE with this preparation in Purity, Safety and Therapeutic Value. The substitution of imitative preparations for genuine articles of established reputation is a great wrong, as it causes disappointment and loss of reputation to the Physician and injury to his patient; therefore, due caution should be used to prevent substitution in all cases.

 Sample and Pamphlet FREE to any Physician who will pay Express charges.

**PEACOCK CHEMICAL CO., St. Louis.**

